

Attachment A
Kentucky Trauma Care System
Statute and Regulations

KENTUCKY TRAUMA CARE STATUTE
(KRS 211.492 to .496)

211.490 Legislative findings concerning provision of trauma care.

The General Assembly finds that:

- (1) Trauma is a severe health problem in this state and a major cause of death and long-term disability;
- (2) Trauma care is an essential public service;
- (3) Trauma care is significantly limited in many parts of Kentucky, particularly in rural areas where there is a growing danger that some communities may not have adequate emergency care;
- (4) It is essential for persons in need of trauma care to receive that care within sixty (60) minutes immediately following injury, referred to as the "golden hour," for that is when the potential for survival is the greatest and the need for treatment for shock or injury is most critical;
- (5) Kentucky's emergency preparedness efforts require the establishment of an efficient statewide trauma care system that can be mobilized to save the lives of trauma patients who are victims of terrorism or natural disasters;
- (6) Trauma centers save lives and money because access to trauma care can mean the difference between full recovery and serious disability that requires expensive long-term care and results in a loss of economic productivity;
- (7) Regional preparedness planning has identified trauma care as a priority, and some grant funding has been obtained to initiate trauma care planning;
- (8) It is in the best interests of the citizens of Kentucky to establish an efficient and well-coordinated statewide trauma system to reduce costs of medical care and the greater economic impact of lost wages and productivity and to reduce the incidence of inappropriate and inadequate trauma care and emergency medical services; and
- (9) Existing trauma centers are facing an increasing number of uninsured patients, declining reimbursement, and rising malpractice insurance premiums that threaten continued community access to trauma care. Therefore, financial assistance is needed to support existing trauma centers and establish new trauma centers.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 25, sec. 1, effective July 15, 2008.

211.492 Definitions for KRS 211.490 to 211.496.

For the purposes of KRS 211.490 to 211.496:

- (1) "Trauma" has the same meaning as defined in KRS 311A.010;
- (2) "Trauma center" means a hospital that has institutional, surgical, and specialty care and commitment to treating individuals with injuries and that has been verified by the American College of Surgeons or by the Department for Public Health; and
- (3) "Trauma center verification" means the process by which a trauma center is evaluated and designated as a trauma center by the American College of Surgeons or the Department for Public Health.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 25, sec. 2, effective July 15, 2008.

NOTE: This chapter was modified in 2012 following an Executive Order which added some additional categories of membership to the KyTAC.

211.494 Statewide trauma care program -- Goals -- Advisory committee -- Components of trauma care system -- Coordination of activities -- Confidentiality of data -- Reports -- Administrative regulations.

- (1) A comprehensive statewide trauma care program shall be established within the Department for Public Health. The statewide trauma care program shall consist of, at a minimum, a statewide trauma care director and a state trauma registrar funded through available federal funds or, to the extent that funds are available, by the trauma care system fund established in KRS 211.496. The department may contract with outside entities to perform these functions.
- (2) The statewide trauma care system shall address, at a minimum, the following goals:
 - (a) To reduce or prevent death and disability from trauma without regard to the patient's insurance coverage or ability to pay for services;
 - (b) To provide optimal care for trauma victims by utilization of best practices protocols and guidelines;
 - (c) To minimize the economic impact of lost wages and productivity for trauma patients; and
 - (d) To contain costs of trauma care.
- (3)
 - (a) The Department for Public Health shall establish an advisory committee to assist in the development, implementation, and continuation of its duties.
 - (b) The advisory committee shall consist of eighteen (18) members as follows:
 1. Sixteen (16) of the members shall be appointed by the secretary of the Cabinet for Health and Family Services and shall be composed of representatives from the following agencies and organizations:
 - a. The Department for Public Health;
 - b. The Kentucky Board of Medical Licensure;
 - c. The Kentucky Board of Nursing;
 - d. The Kentucky Board of Emergency Medical Services;
 - e. The Kentucky Medical Association;
 - f. The Kentucky Hospital Association;
 - g. The Kentucky Committee on Trauma of the American College of Surgeons;
 - h. One (1) representative from each verified Level I trauma center;
 - i. One (1) hospital representative from a Level II verified trauma center, one (1) hospital representative from a Level III verified trauma center, and one (1) hospital representative from a Level IV verified trauma center. The Kentucky Hospital Association shall submit recommendations to the secretary for each of the three (3) members appointed under this subdivision;
 - j. The Kentucky Chapter of the American College of Emergency Physicians;
 - k. The Kentucky Chapter of the Emergency Nurses Association;

- l. The Kentucky Transportation Cabinet; and
 - m. Two (2) members at large, one (1) of whom shall be a health care consumer; and
 2. Two (2) members shall be appointed by the Governor as follows:
 - a. One (1) representative with extensive experience in injury prevention programs; and
 - b. One (1) representative with pediatric trauma experience.
 - (c) Members of the advisory committee shall serve for a period of four (4) years and shall serve until a successor is appointed, except that initial terms shall be staggered and one-third (1/3) of the members shall be appointed to four (4) year terms, one-third (1/3) of the members shall be appointed to three (3) year terms, and one-third (1/3) of the members shall be appointed for two (2) year terms.
 - (d) The advisory committee shall meet at least on a quarterly basis. The committee shall elect a chair, a vice chair, and a secretary from among its members and adopt rules of governance at the first meeting in each fiscal year. The first meeting of the advisory committee shall occur before September 30, 2008.
 - (e) Appointed members shall serve without compensation but may receive reimbursement for actual and necessary expenses relating to the duties of the advisory committee in accordance with state regulations relating to travel reimbursement.
 - (f) Expenses associated with the advisory committee shall be paid by the trauma care system fund established in KRS 211.496, to the extent funds are available.
- (4) The statewide trauma care director and the advisory committee shall develop and implement a statewide trauma care system, integrated with the public health system for injury prevention, that recognizes levels of care for the appropriate delivery of a full range of medical services to all trauma patients in the Commonwealth. The statewide trauma care system shall include but is not limited to:
- (a) Development and implementation of trauma prevention and education initiatives;
 - (b) Facilitation of appropriate education and continuing education about trauma care and procedures for physicians, nurses, and emergency medical services personnel;
 - (c) Development and statewide distribution of guidelines and protocols for the care and treatment of trauma victims that include the needs of special populations and are fully integrated with all available resources, including but not limited to emergency medical services, physicians, nurses, and hospitals;
 - (d) Voluntary hospital trauma center verification through the American College of Surgeons or the Department for Public Health;
 - (e) Local and regional triage and transport protocols for use by the Kentucky

Board of Emergency Medical Services, emergency medical services providers, and emergency rooms; and

- (f) Continuing quality assurance and peer review programs.
- (5) The Department for Public Health or the statewide trauma care director and the advisory committee established in this section shall coordinate activities related to the care of trauma patients with other state agencies and boards that are directly or indirectly involved with care of injured persons. Upon request of the Department for Public Health or the statewide trauma care director, other state agencies and boards shall assist and facilitate the development and implementation of a statewide trauma care system.
- (6) Data obtained through a trauma registry or other data collected pursuant to KRS 211.490 to 211.496 shall be confidential and for use solely by the Department for Public Health, the statewide trauma care director, the advisory committee, and persons or public or private entities that participate in data collection for the trauma registry. Personal identifying information that is collected for use in the trauma registry shall not be subject to discovery or introduction into evidence in any civil action.
- (7) The statewide trauma care director shall report by December 1 of each year to the Interim Joint Committee on Health and Welfare on the status of the development and implementation of the statewide trauma system.
- (8) The Department for Public Health may promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section.

Effective: July 12, 2012

History: Amended 2012 Ky. Acts ch. 158, sec. 45, effective July 12, 2012. -- Created 2008 Ky. Acts ch. 25, sec. 3, effective July 15, 2008.

211.496 Kentucky trauma care system fund -- Uses.

- (1) The Kentucky trauma care system fund is created as a restricted account that shall consist of state general fund appropriations and other grants, contributions, donations, or other moneys made available for the purposes of KRS 211.490 to 211.496. Moneys in the fund are hereby appropriated for the purposes set forth in KRS 211.490 to 211.496.
- (2) The trauma care system fund shall be used to support:
 - (a) Administrative costs of the Department for Public Health, the statewide trauma care director, and the advisory committee that relate to the statewide trauma care system, including public awareness and information efforts;
 - (b) The implementation of the statewide trauma care system;
 - (c) Expenses related to hospital trauma center verification;
 - (d) Continuing education for trauma care providers; and
 - (e) Support for uncompensated care provided by hospitals, physicians, emergency medical services, or other trauma care providers who provide services in a verified trauma center. Verified trauma centers shall have the authority to contract with state government for receipt of funds under this paragraph.
- (3) Notwithstanding KRS 45.229, any moneys remaining in the fund at the close of a fiscal year shall not lapse but shall be carried forward into the succeeding next fiscal year to be used for the purposes set forth in KRS 211.490 to 211.496.
- (4) Any interest earned on moneys in the account shall accrue to the fund and shall be used for the purposes set forth in KRS 211.490 to 211.496.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 25, sec. 4, effective July 15, 2008.

NOTE: This chapter is included because it is referenced in KRS 211.492, and adds clarity for the reader by having it with this citation.

311A.010 Definitions for chapter.

As used in this chapter, unless the context otherwise requires:

- (1) "Ambulance" means a vehicle which has been inspected and approved by the board, including a helicopter or fixed-wing aircraft, except vehicles or aircraft operated by the United States government, that are specially designed, constructed, or have been modified or equipped with the intent of using the same, for the purpose of transporting any individual who is sick, injured, or otherwise incapacitated who may require immediate stabilization or continued medical response and intervention during transit or upon arrival at the patient's destination to safeguard the patient's life or physical well-being;
- (2) "Ambulance provider" means any individual or private or public organization, except the United States government, who is licensed by the board to provide medical transportation services at either basic life support level or advanced life support level and who may have a vehicle or vehicles, including ground vehicles, helicopters, or fixed-wing aircraft to provide such transportation. An ambulance provider may be licensed as an air ambulance provider, as a Class I ground ambulance provider, as a Class II ground ambulance provider, or as a Class III ground ambulance provider;
- (3) "Board" means the Kentucky Board of Emergency Medical Services;
- (4) "Emergency medical facility" means a hospital or any other institution licensed by the Cabinet for Health and Family Services that furnishes emergency medical services;
- (5) "Emergency medical services" means the services utilized in providing care for the perceived individual need for immediate medical care to protect against loss of life, or aggravation of physiological or psychological illness or injury;
- (6) "Emergency Medical Services for Children Program" or "EMSC Program" means the program established under this chapter;
- (7) "Emergency medical services personnel" means persons, certified or licensed, and trained to provide emergency medical services, and an authorized emergency medical services medical director, whether on a paid or volunteer basis;
- (8) "Emergency medical services system" means a coordinated system of health-care delivery that responds to the needs of acutely sick and injured adults and children, and includes community education and prevention programs, centralized access and emergency medical dispatch, communications networks, trained emergency medical services personnel, medical first response, ground and air ambulance services, trauma care systems, mass casualty management, medical direction, and quality control and system evaluation procedures;
- (9) "Emergency medical services training or educational institution" means any person or organization which provides emergency medical services training or education or in-service training, other than a licensed ambulance service which provides training, or in-service training in-house for its own employees or volunteers;
- (10) "Emergency medical technician" or "EMT" means a person certified under this chapter as an EMT-basic, EMT-basic instructor, or EMT-instructor trainer;

- (11) "First responder" means a person certified under this chapter as a first responder or first responder instructor;
- (12) "Emergency medical services medical director" means a physician licensed in Kentucky who is employed by, under contract to, or has volunteered to provide supervision for a paramedic or an ambulance service, or both;
- (13) "Paramedic" means a person who is involved in the delivery of medical services and is licensed under this chapter;
- (14) "Paramedic course coordinator" means a person certified under this chapter to coordinate a paramedic course. A paramedic course coordinator shall not practice as a paramedic unless they are also licensed as a paramedic;
- (15) "Paramedic preceptor" means a licensed paramedic who supervises a paramedic student during the field portion of the student's training;
- (16) "Prehospital care" means the provision of emergency medical services or transportation by trained and certified or licensed emergency medical services personnel at the scene or while transporting sick or injured persons to a hospital or other emergency medical facility; and
- (17) "Trauma" means a single or multisystem life-threatening or limb-threatening injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 592, effective June 20, 2005. -- Created 2002 Ky. Acts ch. 211, sec. 1, effective July 15, 2002.

Kentucky Administrative Regulations

TITLE 902

CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH

902 KAR 28:010. Definitions for 902 KAR Chapter 28.

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the definitions for 902 KAR Chapter 28 pertaining to the statewide trauma care system.

Section 1. Definitions. (1) "ABEM" means the American Board of Emergency Medicine.

(2) "ACS COT" means the American College of Surgeons Committee on Trauma.

(3) "Adult" means an individual who has attained eighteen (18) years of age.

(4) "AOBEM" means the American Osteopathic Board of Emergency Medicine.

(5) "ATCN" means the Advanced Trauma Care for Nurses course for registered nurses of the American College of Surgeons Society of Trauma Nurses.

(6) "ATLS" means the Advanced Trauma Life Support course of the American College of Surgeons.

(7) "Board certified" means the physician has been certified by the appropriate specialty board recognized by the American Board of Medical Specialties.

(8) "Commissioner" means the commissioner of the Kentucky Department for Public Health.

(9) "Consultation" means the peer review process that:

(a) A hospital may request prior to verification to assess the hospital's system of trauma care, its institutional capabilities, and preparedness for verification; and

(b) Is conducted in accordance with 902 KAR 28:030, Section 2(1)(a).

(10) "Department" means the Department for Public Health, Cabinet for Health and Family Services.

(11) "Designation" means the process established in 902 KAR 28:020 by which a hospital is identified by the department as an appropriate facility to receive traumatically injured patients.

(12) "Emergency medical services" or "EMS" is defined by KRS 311A.010(5)

(13) "Health Insurance Portability and Accountability Act of 1996" or "HIPAA" means the federal law codified at 45 C.F.R. Parts 160, 162, and 164 that covers the use of a patient's protected health information.

(14) "ITLS" or "International Trauma Life Support" means an international standard training course for pre-hospital trauma care designed by the American College of Surgeons.

(15) "Kentucky Trauma Advisory Committee" or "KyTAC" means the advisory committee established by KRS 211.494(3).

(16) "Kentucky Trauma Hospital Resource Manual" means the detailed reference document that:

(a) Provides guidance, information, references and resources to assist hospital facilities:

1. Seeking designation as a trauma center pursuant to 902 KAR 28:020 or 28:030; or

2. Designated as a trauma center pursuant to 902 KAR 28:020 or 28:030;

(b) Is published by the Kentucky Trauma Advisory Committee and available on the Kentucky Hospital Association Web site at <http://www.kyha.com/home/kentucky-trauma-care-system>; and

(c) Is incorporated by reference in 902 KAR 28:030, Section 3.

(17) "Kentucky Trauma Registry" or "KTR" means a database of information on the operation, quality, and services provided to patients, consistent with the standards of the National Trauma Data Bank (NTDB) as established by the American College of Surgeons Committee on Trauma (ASC COT).

(18) "Level I trauma center" means a regional trauma center that:

(a) Provides total care of every aspect of injury from prevention through rehabilitation; and

(b) Meets the requirements established in 902 KAR 28:020.

(19) "Level II trauma center" means a regional trauma center that:

(a) Provides screening and initial trauma care of the injured patient regardless of the severity of injury; and

(b) Meets the requirements established in 902 KAR 28:020.

(20) "Level III trauma center" means a regional trauma center that:

(a) Provides prompt assessment, resuscitation, emergency operations and stabilization;

(b) Arranges for transfer to a facility that can provide trauma care at a higher level;

(c) Serves communities that do not have immediate access to a Level I or Level II trauma center; and

(d) Meets the requirements established in 902 KAR 28:020.

(21) "Level IV trauma center" means a regional trauma center that:

(a) Provides advanced trauma life support before a patient is transferred to a higher level of care;

(b) Is located in a hospital emergency department; and

(c) Meets the requirements established in 902 KAR 28:030

(22) "Multidisciplinary trauma review committee" means a committee composed of the facility's trauma services medical director and other members of the facility trauma team that reviews trauma related morbidity and mortality in a hospital.

(23) "NTDB" or "National Trauma Data Bank" means the national repository of trauma registry data established by the ACS COT and found at <http://www.facs.org/trauma/ntdb/index.html>.

(24) "Prehospital care provider" means an individual or organization certified or licensed by the Kentucky Board of Emergency Medical Services to provide out-of-hospital emergency medical services.

(25) "Process Improvement Program" means a quality assurance program established by a trauma center in accordance with the requirements of the ACS COT or the KyTAC, that:

(a) Continually evaluates the performance and quality of care provided by a trauma center; and

- (b) Recommends quality improvements to the trauma care program of the center.
- (26) "Protected Health Information" means a patient's information as defined in the Health Insurance Portability and Accountability Act of 1996, or HIPAA, 45 C.F.R. Parts 160, 162, and 164.
- (27) "Response time" means the interval between notification and arrival of the general surgeon, surgical specialist, or other medical professional in the emergency department or operating room.
- (28) "RTTDC" or "Rural Trauma Team Development Course" means a course developed by ACS COT for rural hospitals to help a rural hospital develop its trauma team.
- (29) "TNCC" or "Trauma Nursing Care Course" means a training course that focuses on trauma care for nurses developed by the Emergency Nurses Association.
- (30) "Transfer agreement" means the formal, written agreement between hospitals for the transfer and acceptance of patients that meets the requirements established in 902 KAR 28:030.
- (31) "Trauma" is defined by KRS 211.492(1) and 311A.010(17).
- (32) "Trauma center" is defined by KRS 211.492(2).
- (33) "Trauma center verification" is defined by KRS 211.492(3).
- (34) "Trauma coordinator" or "trauma services manager" means an individual:
- (a) Designated by the hospital with responsibility for the coordination of all trauma care activities and who works in collaboration with the trauma services medical director; and
- (b) Responsible for the requirements established in 902 KAR 28:030.
- (35) "Trauma registry" means a database comprised of trauma data submitted by all hospitals designated as a trauma center consistent with the standards of the National Trauma Data Bank (NTDB) as established by the American College of Surgeons Committee on Trauma (ASC COT).
- (36) "Trauma services medical director" means the physician designated by the hospital to coordinate trauma care.
- (37) "Trauma system" means the integrated network of hospitals and medical services including transportation, that strives to provide the timely and appropriate services relative to the degree of the patient's injury. (38 Ky.R. 1673; Am. 1859; eff. 6-1-2012.)

Web link: <http://www.lrc.ky.gov/kar/902/028/010.htm>

902 KAR 28:020. Kentucky Trauma System Designation Process.

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the hospital designation process for Kentucky's trauma system.

Section 1. Hospital Trauma Center Designation. A hospital shall receive designation as a trauma center by the Department for Public Health following successful completion of the verification and review process established in this administrative regulation and 902 KAR 28:030.

(1) Hospitals seeking designation in the Kentucky Trauma Care System shall adhere to:

(a) The criteria established by the American College of Surgeons Verification Review Committee that is available at <http://www.facs.org/trauma/verifivisitoutcomes.html> and is included in the Reference Guide of Classification, if the facility is seeking designation as a Level I, II, or III trauma center; or

(b) The standards for Level IV designation established in 902 KAR 28:030.

(2) Hospitals in Kentucky that volunteer to become part of the trauma care system shall make application to the Commissioner of Public Health using the:

(a) KYTAC1, Hospital Application for Level IV Verification and Kentucky Designation as a Trauma Center, if the facility is seeking designation as a Level IV trauma center; or

(b) KYTAC2, Hospital Application for Kentucky Trauma Center Designation, if the facility is seeking designation as a Level I, II, or III trauma center.

(3) Designation shall be for a three (3) year period following trauma center verification and hospitals shall be reverified to maintain trauma designation.

(4) Only hospitals which are designated trauma centers under the provisions of 902 KAR 28:010 through 28:060 shall be recognized by the Commonwealth as belonging to the Kentucky Trauma Care System and may hold themselves out to the public as a trauma center.

Section 2. Designation by the Commissioner for Public Health. (1) The commissioner shall:

(a) Upon receipt of the application and request to ACS COT, review any ACS COT correspondence regarding the results of any consultation site visit, or the trauma center verification visit and shall review a copy of any certificates issued by ACS COT, within thirty (30) days of receipt of the document at the hospital;

(b) Upon receipt of a copy of the ACS COT certificate of trauma center designation, issue a certificate of designation in the Kentucky Trauma Care System; and

(c) Upon agreement of both the applying hospital and the ACS COT, direct a representative of the department or the KyTAC to participate as an observer during the site visit.

(2) The state-issued designation certificate shall be posted in a public area of the hospital adjacent to the Kentucky facility licensure certificate.

Section 3. State Designation for Existing Trauma Centers.

(1) A hospital that has been voluntarily verified as a Level I, Level II, or Level III Trauma Center by ACS COT prior to the effective date of this administrative regulation that seeks designation as a Kentucky Trauma Care System Level I, Level II, or Level III trauma center, shall submit a completed KYTAC2 application form to the commissioner along with a copy of the ACS COT verification letter and certificate.

(a) The application for designation in the Kentucky system shall be made within six (6) months of the effective date of this administrative regulation.

(b) Upon receipt of the application and ACS verification letter and certificate, a trauma center designation certificate shall be issued by the commissioner and shall be posted in a public area of the hospital adjacent to the Kentucky facility licensure certificate.

(c) The period of Kentucky designation shall be concurrent with the expiration date of the ACS COT verification.

(d) The initial fee for trauma center designation as specified in 902 KAR 28:060 shall be waived for the initial designation cycle for a hospital that has been voluntarily certified by ACS COT prior to the effective date of this administrative regulation.

(2) A hospital previously designated as a Level I, Level II, or Level III trauma center seeking redesignation by the Commissioner shall file a completed KYTAC2 application form concurrent with the application or request to ACS COT for a reverification site visit.

(3) A hospital that does not meet the requirements of subsection (1) of this section and that is preparing for initial voluntary trauma center designation as a Level I, Level II, or Level III trauma center shall apply to the commissioner for designation following successful completion of the ACS COT verification process.

(4) The period of redesignation shall be concurrent with the expiration date of the ACS COT verification.

(5) The fee for redesignation shall be the same as the fee for initial designation as specified in 902 KAR 28:060.

Section 4. Level IV Trauma Center Designation. (1) Initial designation.

(a) Once the facility has completed the Level IV Consultation or Verification Program pursuant to Section 1 of this administrative regulation, the original completed KYTAC1 application form shall be forwarded to KyTAC. KyTAC shall conduct a review of the facility's compliance with this administrative regulation and 902 KAR 28:030 and make recommendations to the Commissioner within sixty (60) days of receipt of the application.

(b)1. If the facility meets the requirements of this administrative regulation and 902 KAR 28:030, a certificate of trauma center designation shall be:

a. Issued by the commissioner; and

b. Posted in a public area of the hospital adjacent to the Kentucky facility licensure certificate.

2. If the facility does not meet the requirements of this administrative regulation and 902 KAR 28:030, the commissioner shall send a written notice to the facility informing the facility of that determination. The facility may appeal the decision in accordance with 902 KAR 28:060.

(c) Designation shall be for a three (3) year period following completion of the trauma center verification process.

(2) Redesignation. Within six (6) months preceding the expiration of a designation certificate, the hospital shall initiate the process established in 902 KAR 28:030 for reverification and redesignation.

Section 5. Designation Suspension or Revocation. (1) A designated trauma center hospital that is unable to meet the applicable minimum required criteria of a Level I, Level II or Level III Trauma Center as established by ACS COT, or a Level IV Trauma Center as established in 902 KAR 28:030, shall notify the commissioner within five (5) business days of the event which caused the facility to fall below minimum criteria.

(2) If the commissioner becomes aware of a significant change in the status of the trauma care program at a designated hospital that may potentially affect its designation status, the commissioner may:

(a) Request confirmation of continued designation status from the hospital; or

(b) Assign a representative of KyTAC or a designee to conduct a site visit to review the status of the trauma program and report the findings back to the commissioner within thirty (30) days of assignment.

(3) The commissioner may consult with KyTAC and the ACS COT on information received from the hospital and site visit, and may:

(a) Suspend the hospital's designation;

(b) Place the facility into a probationary status pending resolution within thirty (30) days of the disciplinary action; or

(c) Revoke the hospital's designation.

(4) If the designation is revoked, and if the facility seeks redesignation, the facility shall correct the identified problems, and request, at its expense, a focused review to demonstrate that each problem has been corrected.

(5) Following the review required by subsection (4) of this section, the commissioner shall:

(a) Reinstate the designation;

(b) Request that the facility reapply for verification at a lower level;

(c) Deny redesignation; or

(d) Refer the matter to KyTAC for determination of other appropriate action.

(6) A hospital not able to meet trauma center criteria at the initial designation level shall not hold designation as a trauma center until reverified at an appropriate level and redesignated.

Section 6. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) KYTAC1, "Hospital Application for Level IV Verification and Kentucky Designation as a Trauma Center", April 2012;

(b) KYTAC2, "Hospital Application for Kentucky Trauma Center Designation", April 2012; and

(c) "American College of Surgeons Verification Review Committee Reference Guide of Classification", January 2012.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Department for Public Health, Commissioner's Office, 275 East Main Street, Frankfort, Kentucky 406012, Monday through Friday, 8 a.m. to 4:30 p.m. (26 Ky.R. 668; Am. 1008; eff. 11-15-1999; 38 Ky.R. 1676; 1860; eff. 6-1-2012.)

Web link: <http://www.lrc.ky.gov/kar/902/028/020.htm>

902 KAR 28:030. Kentucky's Trauma System Level IV Criteria.

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the criteria for a Level IV trauma center in the Kentucky Trauma Care System.

Section 1. Level IV Trauma Centers. (1) A hospital that seeks designation as a Level IV trauma center shall meet the criteria established in this subsection.

(a) Trauma program.

1. A trauma program shall be created with agreement from the hospital's board of directors, administration, and medical staff.
2. The board of directors, administration, medical, nursing, and ancillary staff shall commit to provide trauma care at the level for which the facility is seeking trauma center verification.
3. A board resolution advising of that commitment shall be submitted with the KYTAC1 application incorporated by reference in 902 KAR 28:020, Section 6.

(b) Trauma services medical director.

1. The trauma services medical director shall be a physician on staff at the facility.
2. The job description shall include roles and responsibilities for trauma care, including trauma team formation, supervision and leadership, and continuing education.
3. The medical director shall act as the medical staff liaison to administration, nursing staff, and as the primary contact for that facility with other trauma centers in the region.
4. The medical director shall maintain certification as an Advanced Trauma Life Support (ATLS) provider if not Board Certified/Board Eligible by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM). Rural Trauma Team Development Course (RTTDC) participation shall be required for the trauma services medical director.

(c) Trauma services manager.

1. The facility shall have a trauma services manager who may be referred to as the trauma coordinator.
2. The manager shall work with the medical director to coordinate and implement the facility's trauma care response.
3. The job description of this position shall include time dedicated to the trauma program, separate from other duties the program manager may have at the facility.

(d) Emergency department coverage.

1. The facility shall have twenty-four (24) hour physician coverage of the emergency department and a designated physician medical director for the emergency department.
2. A mid-level provider, such as a nurse practitioner or physician's assistant, may serve as the trauma team leader. A designated emergency department physician shall be present for immediate consultation during trauma team activations.

(e) Emergency department physicians. Physicians assigned to the emergency department of a Level IV Trauma Center shall:

1. Be licensed in the Commonwealth of Kentucky; and
- 2.a. Maintain current Advanced Trauma Life Support[®] (ATLS) provider certification; or
- b. Be certified by ABEM or AOBEM.

(f) Surgical staff.

1. Orthopedic surgery, plastic surgery, and radiology medical staff availability shall be documented by published call schedules.
2. If surgical services are provided, anesthesia coverage shall be provided.
3. Surgical staff shall document completion of fifteen (15) hours of annual trauma-related continuing medical education for surgeons completed every three (3) years as part of the CME required by the Kentucky Board of Medical Licensure.
4. Surgical specialties participating in the trauma team shall have at least one (1) representative of its specialty attend more than half of the hospital's multi-disciplinary trauma review committee meetings.

(g) Prior to being assigned to the facility's trauma team, nurses responsible for trauma care at the facility shall have completed one of the following professional education courses specific to trauma care:

1. Trauma Nursing Core Course (TNCC); or
2. Advanced Trauma Care for Nurses (ATCN).

(h) Transfer Protocols.

1. The facility shall have a written transfer protocol describing the method to transfer the trauma patient requiring a higher level of care.
 2. The transfer protocol shall address:
 - a. Available ground or air transport services;
 - b. Alternative transport services;
 - c. Receiving trauma centers and trauma surgeon contact information;
 - d. What supplies, records, and resources shall be available for use to affect the transfer; and
 - e. Specific anatomic and physiologic criteria that will immediately initiate transfer to definitive care.
 3. The transfer protocol shall be developed with involvement of each local ground EMS provider and regional air medical provider to assure seamless patient care during transfer and be consistent with the protocol examples found in the Kentucky Trauma Hospital Resource Manual.
- (i) Transfer agreements. A Level IV Trauma Center shall have:
1. A written agreement with a verified Level I, II, or III trauma center or a hospital whose capabilities exceed that of a Level IV facility regarding the transfer and care of adult and pediatric trauma patients;
 2. A written agreement with back-up transfer agreements specifically for burn patients if the primary regional receiving facility does not have the required capacity; and
 3. Transfer plans that shall be defined and consistent with the examples found in the Kentucky Trauma Hospital Resource Manual.

(j) Radiology.

1. The facility shall have a Radiologic Technologist available on-site twenty-four (24) hours a day to provide basic plain films used in the evaluation of trauma patients.
2. A twenty (20) minute response time for trauma team activation shall be required. Response times shall be documented and monitored by the trauma coordinator and the facility's process improvement program.
3. The facility shall have computed tomography and sonography capabilities.

(k) Clinical laboratory.

1. The facility shall have a lab technician available on duty or on-call twenty-four (24) hours a day to perform basic studies used in the initial evaluation of trauma patients, including Complete Blood Count, typing, coagulation profile, and Arterial Blood Gas.

2. A twenty (20) minute response time from trauma team activation shall be required for a lab technician. Response times shall be documented and monitored by the trauma coordinator and the facility's process improvement program.

3. The lab or facility blood bank shall have at least two (2) units of O-negative blood available for trauma patients, to be infused at the facility or while en-route to definitive care.

4. Access to blood and blood products during an emergency situation if the lab is not staffed shall be documented.

5. The facility shall have the capability to conduct micro-sampling.

(l) Respiratory therapy.

1. The facility shall have a respiratory care practitioner on duty or on-call twenty-four (24) hours a day to respond to the emergency department if the trauma team is activated.

2. A twenty (20) minute response time from trauma team activation shall be required if a respiratory care practitioner is not on-site. Response times shall be documented and monitored by the trauma coordinator and the facility's process improvement program.

3. Other trained health care personnel may fulfill the respiratory care practitioner's role until the designated respiratory care practitioner arrives.

(2) Trauma Team Activation Protocol. A facility designated as a Level IV Trauma Center shall have a written trauma team activation protocol in place that:

(a) Documents the members of the trauma team and their response requirements if activated;

(b) Establishes the criteria based on severity, anatomy, or physiology of the injury for trauma team activation and provides the names of each person authorized to activate the trauma team; and

(c) Is consistent with the examples of trauma team activation protocols found in the Kentucky Trauma Hospital Resource Manual.

(3) Performance improvement.

(a) A facility designated as a Level IV Trauma Center shall develop a performance improvement program that includes:

1. An in-house trauma registry or a secure on-line trauma registry system; and

2. A written policy outlining the quality and performance improvement (PI) portion of the trauma program, which shall include:

a. The names of each person responsible for performing PI reviews;

b. The names of the multidisciplinary trauma review committee;

c. The composition by name and position of the morbidity and mortality review committee;

d. The minimum number of cases to be reviewed annually including:

(i) Patients requiring transfer;

(ii) Record of each trauma death;

(iii) Noncompliance of trauma team members to response time requirements;

(iv) Bypasses;

(v) Transfers; and

(vi) Trauma care provided by physicians not meeting minimal education requirements;

e. Frequency of performance improvement meetings;

f. Minimum requirements for member attendance by position;

g. Evidence of a quality assurance program as required by 902 KAR 20:016, Section 3(8)(b)6; and

h. Feedback obtained from patients transferred to a Level I, II, or III trauma center.

(b) Each performance improvement program shall be consistent with the examples in the Kentucky Trauma Hospital Resource Manual.

(4) Level IV Trauma Center emergency department.

(a) Basic and essential equipment and supplies for the care and treatment of both adult and pediatric patients shall be present in a Level IV Trauma Center emergency room.

(b) A Level IV Trauma Center emergency room shall contain items described as the minimum equipment and supply lists found in the Kentucky Trauma Hospital Resource Manual.

(5) Level IV Trauma Center operating room.

(a) Any operating room available and used for the surgical care of victims of trauma shall have the following:

1. Operating room staff available within thirty (30) minutes of notification;

2. Anesthesia staff available within thirty (30) minutes of notification; and

3. Age-specific equipment including thermal control equipment for patients, fluids, and blood products.

(b) C-arm capability shall be required if orthopedic procedures are to be performed.

(c) Post-anesthetic recovery shall contain equipment for monitoring and resuscitation, pulse oximetry, and thermal control.

(d) Required resuscitation equipment shall include:

1. Airway and ventilation;

2. Pulse oximetry;

3. Suction;

4. Electro Cardiogram;

5. Defibrillator;

6. IV administration sets;

7. Large bore vascular catheters;

8. Cricothyroidotomy;

9. Thoracostomy;

10. Emergency drugs;

11. Broselow tape;

12. Fluid warmer,

13. Qualitative CO2 detector; and

14. EMS communication equipment.

(6) Trauma diversion.

(a) The Level IV trauma center shall have a policy in place that outlines the circumstances that shall trigger a trauma diversion and the procedures to be followed, including procedures if one (1) or more hospital resources are functioning at maximum capacity or are otherwise unavailable.

(b) This process shall be coordinated with the EMS providers in the service area and potential receiving facilities.

(c) EMS providers shall coordinate diversion plans under the provisions of 202 KAR 7:501, Section 5(3).

(d) Examples of trauma diversion protocols shall be found in the Kentucky Trauma Hospital Resource Manual.

(7) Other Level IV requirements. A facility designated as a Level IV trauma center may:

(a) Host or participate in a joint RTTDC program. Participation by physicians, members of administration, nursing, ancillary support staff, and local prehospital care providers shall be strongly encouraged;

(b) Conduct or participate in local or regional outreach education, specifically ATLS, TNCC, and ITLS/PHTLS courses, and conduct or participate in local or regional presentations of trauma-related CME for physicians, nurses, prehospital staff, and other personnel; and

(c) Participate in injury prevention programs organized by the facility or in cooperation with the Kentucky Injury Prevention Research Center (KIPRC), law enforcement, fire, EMS and other safety organizations. Documentation of injury prevention program activities shall be available for review during the trauma center verification or reverification process.

Section 2. Level IV Site Visits. (1) A hospital may request a site visit from a peer review team for a consultation visit, a verification visit, or a reverification visit.

(a) A consultation visit shall be conducted to assess the facility's system of trauma care delivery or to prepare for a verification visit.

1. A consultation visit shall follow the same format as a verification visit.

2. Site visit reviewers shall provide recommendations to aid a facility in attaining verification readiness.

(b) A verification visit shall be conducted to confirm the facility is performing as a trauma center according to the criteria listed in Section 1 of this administrative regulation.

1. Site visit reviewers shall provide a report of findings to the KyTAC.

2. The KyTAC, upon receipt and review of the report, shall recommend to the Commissioner of Public Health that:

a. A Certificate of Verification be issued, and that the Commissioner designate the facility as a Level IV Trauma Center; or

b. The facility be notified of deficiencies in writing and a focus review visit scheduled within six (6) months of the date of the verification visit to identify those deficiencies that can be isolated and correctable.

(c) A reverification visit shall be requested by a facility previously issued a certificate of verification if the facility does not want its certificate of verification and designation to expire.

1. The facility shall schedule a reverification visit six (6) months prior to the expiration date of its current certificate of verification and designation as a Level IV Trauma Center.

2. A facility whose current certificate of verification has lapsed due to the facility's failure to initiate reverification shall submit a new KYTAC1 as required by 902 KAR 28:020 and this administrative regulation.

3. A reverification visit shall follow the same procedures established in subsection (2) of this section.

(2) Site visit teams.

(a) A site visit team shall be composed of a minimum number of persons as follows:

1. Consultation visit: Two (2) members;

2. Verification visit: Three (3) members;

3. Reverification visit: Three (3) members; or

4. Focus review visit: Two (2) members, one (1) of whom shall have been on the original verification team.

(b) Each site visit team member shall be a member of either the:

1. American College of Surgeons; or

2. American Board of Emergency Medicine.

(c) The Commissioner of Public Health shall solicit from the KyTAC two (2) names for each team member position for the requested visit.

(d) The Commissioner of Public Health shall select the team members from the list provided and notify KyTAC of the team members selected.

(e) Only one (1) of each team's members may be a KyTAC member.

Section 3. Incorporation by Reference. (1) "Kentucky Trauma Hospital Resource Manual", April, 2012, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Department for Public Health, Commissioner's Office, 275 East Main Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. (26 Ky.R. 668; Am. 1008; eff. 11-15-1999; 38 Ky.R. 1678; 1862; eff. 6-1-2012.)

Web link: <http://www.lrc.ky.gov/kar/902/028/030.htm>

902 KAR 28:040. Kentucky's Trauma System Registry.

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the criteria for use of a Trauma System Registry by a Level IV trauma center in the Kentucky trauma care system.

Section 1. Kentucky Trauma Registry. (1) The department shall establish a single statewide Kentucky Trauma Registry (KTR) through the Kentucky Injury Prevention Research Center to be the statewide repository for trauma data.

(2) Requests for data from the KTR shall be directed to the Kentucky Commissioner for Public Health.

(3) Requests for reports on a specific trauma center shall be addressed to the Trauma Coordinator or Trauma Program Manager of the trauma center in question.

(4) Pursuant to KRS 211.494(6), data obtained through a trauma registry shall be considered protected health information.

Section 2. Trauma Center Registries. (1) All trauma centers designated by the Commissioner of Public Health in the Kentucky Trauma Care System shall:

(a) Establish and maintain a trauma registry that is compatible with the NTDB standards established in the National Trauma Data Standard Data Dictionary, 2012 Admissions; or

(b) Have a secure, on-line system that is NTDB and HIPAA compliant.

(2) An individual trauma center registry shall have its new or updated trauma data uploaded electronically at least quarterly to the KTR.

(3) Trauma Registry. The inclusion criteria for the KTR shall be specified in the Kentucky Hospital Trauma Manual incorporated by reference in 902 KAR 28:030, Section 3.

Section 3. Incorporation by Reference. (1) "National Trauma Data Standard Data Dictionary, 2012 Admissions", July 2011, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Department for Public Health, Commissioner's Office, 275 East Main Street, Frankfort, Kentucky 406012, Monday through Friday, 8 a.m. to 4:30 p.m. (26 Ky.R. 668; Am. 1008; eff. 11-15-1999; 38 Ky.R. 1679; 1862; eff. 6-1-2012.)

Web link: <http://www.lrc.ky.gov/kar/902/028/040.htm>

902 KAR 28:050. Kentucky's Trauma System Appeals Process.

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the appeal process for a facility that has been denied verification or designation as a trauma center.

Section 1. Appeals Process. (1) An applicant may appeal a decision of the Department for Public Health within thirty (30) days of the date of notification that:

- (a) The applicant was denied verification or designation as a trauma center;
- (b) A designated trauma center was denied reverification; or
- (c) A designated trauma center designation was revoked or suspended.

(2) To initiate an appeal, the applicant shall submit a written request for a hearing pursuant to KRS Chapter 13B to the Commissioner of Public Health.

(3) Each appeal shall be conducted in accordance with KRS Chapter 13B. (38 Ky.R. 1683; Am. 1864; eff. 6-1-2012.)

Web link: <http://www.lrc.ky.gov/kar/902/028/050.htm>

902 KAR 28:060. Kentucky Trauma System Fees.

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the fee structure for the Kentucky Trauma Care System.

Section 1. State Trauma Center Application. (1) A facility applying for Level I, Level II, Level III, or Level IV trauma center designation in the state trauma care system shall:

- (a) Complete the application process as established in 902 KAR 28:020; and
- (b) Submit an application fee of:
 1. \$500 if applying for a Level I, Level II, or Level III designation; or
 2. \$1000 if applying for a Level IV designation.
- (2) The application fee shall be:
 - (a) Paid by check made payable to the Kentucky State Treasurer; and
 - (b) Sent to the Department for Public Health with the application.

Section 2. Level I, Level II, and Level III Verification and Designation Fees. (1) A site visit for a Level I, Level II, or Level III trauma system verification shall be conducted by ACS COT.

(2) Any cost or additional fees associated with these site visits shall be determined by ACS COT and paid by the applicant in accordance with ACS COT policies.

Section 3. Fees for Level IV Trauma System Verification and Designation.

(1) Prior to submission of an application, an applicant seeking Level IV designation shall have a verification site visit in accordance with 902 KAR 28:030, Section 2.

(2) Fees for any site visit shall be the responsibility of the applicant.

(3) Site visit expenses shall be \$1,000 per team member per day honorarium in addition to the travel expenses specified by the Finance and Administration Cabinet in 200 KAR 2:006, Section 7.

(4) The hospital may request the Commissioner for Public Health to appoint additional team members. The requesting hospital shall be responsible for any additional cost associated with the request as outlined in subsection (2) of this section.

(5) The applicant shall be notified by the department of the estimated costs associated with any site visit prior to the visit.

(6) Payment for these charges shall be made by check payable to the Kentucky State Treasurer and forwarded to the Department for Public Health upon confirmation of the scheduled site visit. (38 Ky.R. 1689; Am. 1865; eff. 6-1-2012.)

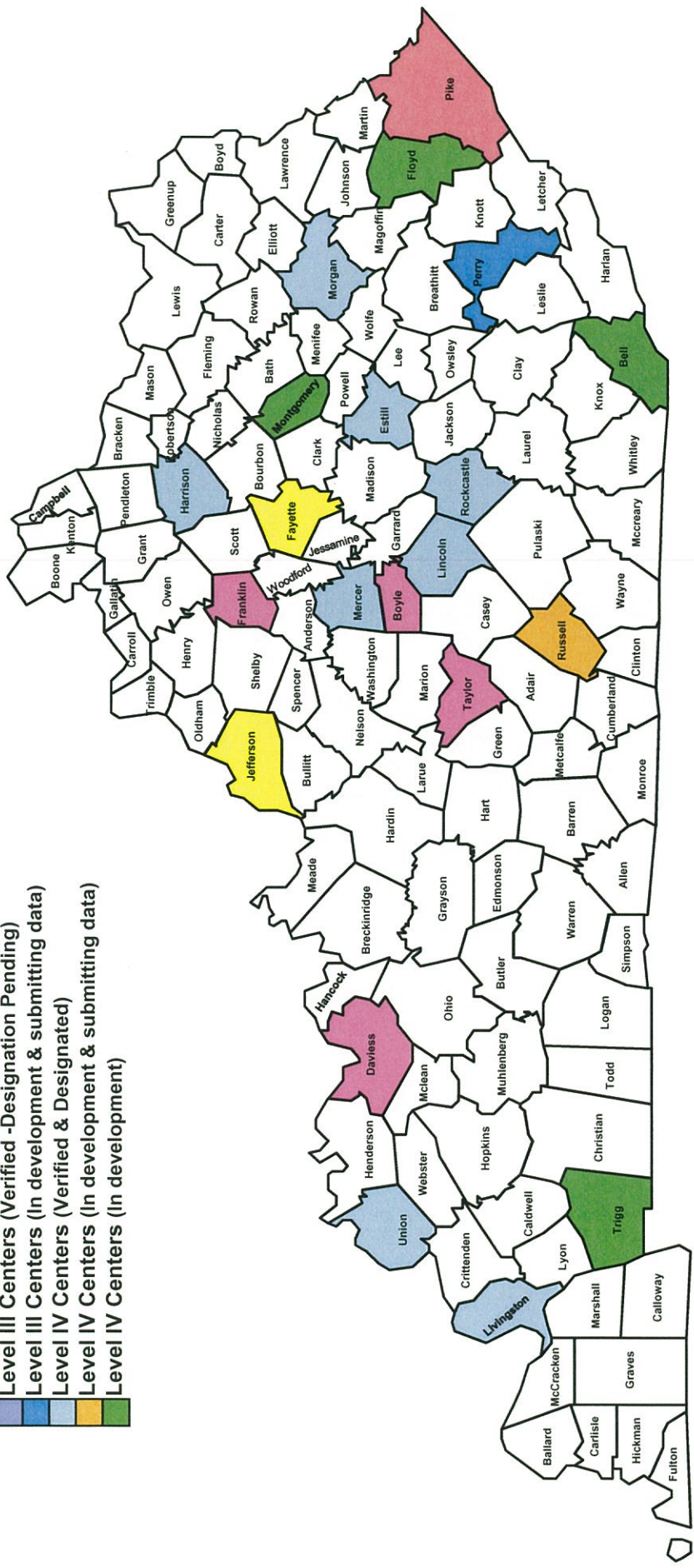
Web link: <http://www.lrc.ky.gov/kar/902/028/060.htm>

Attachment B
Map of Trauma Centers

Hospitals in the Kentucky Trauma System

(Feb 8, 2016)

- Level I Centers (Verified & Designated)
- Level II Centers (Verified & Designated)
- Level III Centers (Verified & Designated)
- Level III Centers (Verified -Designation Pending)
- Level III Centers (In development & submitting data)
- Level IV Centers (Verified & Designated)
- Level IV Centers (In development & submitting data)
- Level IV Centers (In development)



Verified Trauma Centers

- Level I - Pediatric – Kosair Children’s Hospital, Louisville
- Level I - UK Chandler Hospital Lexington
- Level I - Pediatric – Kentucky Children’s Hospital, Lexington
- Level I - University of Louisville Hospital, Louisville
- Level II – Pikeville Medical Center
- Level III - Ephraim McDowell Regional Medical Center, Danville
- Level III – Frankfort Regional Medical Center
- Level III - Owensboro Health Regional Hospital
- Level III - Taylor Regional Medical Center, Campbellsville
- Level IV – Ephraim McDowell Fort Logan Hospital, Stanford
- Level IV – James B Haggin Memorial Hospital, Harrodsburg
- Level IV - Harrison Memorial, Cynthia
- Level IV – Livingston Hospital, Salem
- Level IV – Marcum & Wallace Hospital, Irvine
- Level IV - Methodist Hospital Union, Morganfield
- Level IV – Morgan Co. ARH, West Liberty
- Level IV – Rockcastle Reg. Hospital, Mt. Vernon

Attachment C
Kentucky Trauma Advisory Committee
Member Listing

KY Trauma Advisory Committee Listing
Updated: 8/31/15

Kentucky Trauma Advisory Committee Appointed Members

Updated: 2/1/2016

Title	First Name	Last Name	Suffix	Organization	Representative for	Appoint. Doc.	Original Term End	Appt. By
				KY Bd of Medical Lic.	KY Bd of Medical Lic.			CHFS
Dr.	William	Barnes	MD	Livingston Hospital	KY Medical Association	CHFS 14-01	12/30/2017	CHFS
Mr.	Richard	Bartlett (3)	BS, MEd	KY Hospital Association	KY Hospital Association	CHFS 12-03	12/31/2015	CHFS
Dr.	Andrew	Bernard	MD, FACS	UK Healthcare	UK Level-I Trauma Center	CHFS 14-01	10/31/2015	CHFS
Dr.	Richard	Cales	MD	Physician/Inspire Medical	At-Large	CHFS 11-05	10/31/2015	CHFS
Dr.	Julia	Costich	JD, PhD	KIPRC	Injury Prevention Programs	CHFS 15-08 (*)	5/31/2019	GOV
Dr.	John	Draus	MD	Ky Children's Hospital	Level-I Ped Trauma Center	CHFS 14-01	12/30/2017	CHFS
Dr.	Mary	Fallat (2)	MD	Pediatric Surgery, UofL	Pediatric trauma	CHFS 11-05 (*)	10/31/2015	GOV
Mrs.	Linda	Gayheart	-	Citizen/consumer	At-Large	CHFS 14-01	12/30/2017	CHFS
Dr.	Lewis	Perkins	DNP APRN	Norton Hospital	KY Board of Nursing		12/31/2015	CHFS
Dr.	Brian	Harbrecht (1)	MD	UofL Dept. of Surgery	UofL Level-I Trauma Center	CHFS 11-05	10/31/2015	CHFS
Dr.	Kraig	Humbaugh	MD	(Acting) Commissioner of Health	KY Dept for Public Health	CHFS 14-01	12/30/2017	CHFS
Ms.	Leah	Curry	RN	Taylor Regional Hospital	Level-III Trauma Center	CHFS 15-08	12/30/2017	CHFS
Dr.	Daniel	O'Brien	MD	Emerg Med; UofL Hospital	ACEP, KY Chapter	CHFS 11-05	10/31/2015	CHFS
Mr.	Jason	Stiles	RN, BSN	Owensboro Health Reg. Hospital	Emergency Nurses Assn	CHFS 15-08	12/31/2015	CHFS
Mr.	Michael	Poynter	-	KCTCS	KY Board of EMS	CHFS 14-01	12/30/2017	CHFS
Mr.	Shane	Ratliff	EMT	Office of Highway Safety	KY Transportation Cab.	CHFS 11-05	10/31/2015	CHFS
Dr.	Jason	Smith	MD	UofL Dept of Surgery	ACS, KY COT	CHFS 14-01	12/30/2017	CHFS
Ms.	Susan	Starling	-	Marcum & Wallace Hospital	Level-IV Trauma Center	CHFS 11-05	10/31/2015	CHFS
Ms.	Sandy	Tackett	RN	Pikeville Medical Center	Level-II Trauma Center	CHFS 12-03	12/31/2015	CHFS
				Kosair Children's Hospital	Level-I Ped Trauma Center			CHFS
<p>Notes: (1)=KyTAC Chair; (2)=KyTAC Vice Chair; (3)=Secretary</p> <p>Note: (*) Needs to be appointed by Governor</p>								