Kentucky Trauma Advisory Committee

February 16, 2010 – 3 PM (EST)
By videoconference

Members (19)
William Barnes, MD -Yes
Andrew Bernard, MD –Yes
Dick Bartlett -Yes
Julia Costich, MD -Yes
Mary Fallat, MD - Yes
Terence Farrell - Yes
Glen Franklin, MD - Yes
Lisa Fryman -Yes
Linda Gayheart -Yes
Chuck Geveden – Yes
Sharon Mercer - Yes
Earl Motzer, MD - No
Charlotte O'Neal – Yes (audio only)
Bob Hammonds - Yes
Chris Pund, MD -Yes
Susie Starling – No (could not dial in)
Russell Travis, MD - No
William Hacker, MD – No
Trish Okesan (for Dr. Hacker) - Yes
Carol Wright – Yes

Brian Harbrecht, MD - Yes – University of Louisville Department of Surgery
John Isfort – Yes – Marcum & Wallace Hospital
Ron Jackson – Yes – Estill County EMS
Janet Smith – Yes – Marcum & Wallace Hospital

Guest:
Dan O'Brien, University of Louisville School of Medicine, Department of Emergency Medicine
Ruth Carrico, PhD, Assistant Professor, University of Louisville Health Promotion and Behavioral Sciences and Center for Health Hazards Preparedness
Scott Rinehart, University of Kentucky
Chris Giese, Kentucky Hospital Association
Herbert J. Rogove, DO, FCCM, FACP, President, NeuMedicine

The meeting was opened by Dick Bartlett, Secretary. There were 22 appointed members and 5 visitors. There was a quorum present.

The minutes of the last meeting, January 19, 2010 were approved with minor corrections.

Committee Reports:

Finance: Mr. Bartlett reported that the grant proposal written by the Strategic Funding group for $50,000 was being reviewed by the Presbyterian Women "Thank Offering" Committee. If approved, the funds would be used to fund a Trauma Nurse Coordinator who would help coordinate funding activities, educational programs, verification and assistance to a facility that is seeking certification as a trauma hospital. The review was scheduled for last week but may not have occurred due to the winter weather.

Last year, MESA gave the funds to purchase the software for the Kentucky Trauma Registry, upload portals for Levels I-III and a Level IV portal. $10,000 was given to the UK Foundation by the grateful family of a trauma patient. The funds will be provided to KIPRIC for an additional download license for Kosair Children's Hospital and for 3-4 more Level IV portals.

The Foundation for a Healthy Kentucky is interested in funding the second year of the state trauma registry. The second year of costs for the trauma registry will include hosting by CDM and possibly two additional software licenses for Level IV hospitals. It will include formatting reports for their website. The Foundation staff, Dr. Bernard and Mr. Bartlett had a conference call to discuss the grant proposal.

Mr. Bartlett reported on the status of the texting bills in the General Assembly. SB 23 which is sponsored by Senator Denise Harper Angel, which prohibits texting while driving, has been modified to prohibit drivers under 18 years of age from any kind of cell phone usage while driving. HB 43 has already passed the House and both are in the Senate Judiciary Committee. In the SB23 version, funds collected for fines would be used for trauma funding. There is hope that SB 23 and HB 43 can be blended as well as the funds earmarked for trauma funding.

Mr. Giese reported on a potential USDA grant which might fund telemedicine for trauma care. It is to provide broadband access, especially to under-served areas. Areas with a high percentage of free lunch programs will receive more funding. The funding is linked with the stimulus funds to include distance learning and telemedicine.

The USDA grant program will award $400M in grants with the grants being from $60,000 to $600,000. The funds can not be used for operating or administrative costs – only technical expenses. The potential exists to develop a telemedicine program related to the new trauma care system. University of Louisville has approximately 15-16 telemedicine robots in hospitals. They are primarily using telemedicine for neurology consultations. There are also telehealth and video teleconference networks operated by UK, Center for Rural Health, Cabinet for Health and Family Services, and Kentucky Commonwealth Office of Technology.

UK and U of L schools of medicine could work together since the grant favors collaboration. Input and support is needed from smaller, rural hospitals. There would have to be financial help from hospitals.

There is a need for collaboration on the telemedicine funding requests to eliminate redundancies, as well as decisions on which equipment would work best to serve both the providers and users in rural areas.

Mr. Giese introduced Dr. Herbert J. Rogove, President of NeuMedicine. He has experience in critical care medicine as well as emergency medicine. He was a director of the Emergency Medicine Residency Program at the University of Pittsburgh.

Dr. Rogove explained that NeuMedicine could help meet the needs for specialists in the underserved areas as well as in a trauma setting. Examples include: a trauma surgeon could have access to physicians in an emergency department; rural hospitals that don't have a trauma surgeon on staff could get patient care advice/information; a physician would be able to give initial advice on patient care until reaching the hospital.

Clients of NeuMedicine include Ryder Trauma Center in Miami, Florida and UCLA in the neuro critical care area for stroke patients and neuro ICU.

Mr. Bartlett asked for comments from both Dr. Carrico and Dr. Bernard. How could this be used to improve transfer protocols, including air transport protocols? There could be psychiatric and ob/gyn consults. It could be a valuable decision making tool for hospitals regarding patient transport.

Mr. Bartlett asked if KyTAC should pursue this for emergency medicine and trauma.

Dr. Bernard asked if there was already ED to ED consultation already occurring. Mr. Giese responded that this would be a valuable tool for rural hospitals. He would like to hear from Dr. O'Brien.

Dr. O'Brien said that the U of L Emergency Department has between 300 to 400 discussions per month regarding transfers. He said that being able to look at test results either on the robot or cart model would be helpful.

Mr. Giese said that there was a demonstration earlier in the day of the robot and cart models of the equipment. There is also an educational component in both as well as a consultation component.

On March 16 at the Kentucky Hospital Association Quality Conference, the equipment from InTouch and the programs of NeuMedicine would be available again for demonstrations.

Mr. Bartlett noted that they were using the robot at St. Joseph's Lexington for neuro consultations. Dr. Pund reported that he is in several hospitals with the robots, and the users of the equipment/programs like it and currently use it for stroke consultations.

It is understood about the difficulty in recruiting physicians with appropriate qualifications and experience to work in rural emergency departments. There is a need for continuing education on the equipment and program's use.

Mr. Bartlett suggested that there could be a hybrid solution. NeuMedicine has many board certified physicians for consults if a Kentucky physician were not available. Dr. Rogove also pointed out that for neuro critical care there would also be physicians to read and give advice on CTs, MRIs, etc.

Mr. Giese stated that NeuMedicine would help run the network as well as assist with patient flow.

Mr. Farrell at Pikeville remarked that this proposal/suggestion was counter to the strategic plan for staffing their hospital with specialists. They are regular recipients of transfers from smaller facilities and they would not support something that would disrupt that pattern. He could not be supportive of the robots in facilities that have consultants with metro areas. Mr. Bartlett and Dr. Bernard both commented that any trauma-related telemedicine program would be built on the trauma transfer agreements the facilities might have. Mr. Bartlett suggested that Pikeville, as part of its plan to get a Level II in partnership with the School of Osteopathic Medicine, would probably be the consultants for their network of referring facilities.

Mr. Bartlett reported that there has been discussion about how to design a program that would work for all disciplines. It is already working in Kentucky with stroke patients, and it could work with infectious disease patients, emergency department and psychiatric consult, etc. A comprehensive plan would need to be developed to use the equipment/programs effectively and efficiently.

Dr. Rogove pointed our that it is used at the University of Irvine (California) for consults - not due to a lack of specialists but due to the busyness of the physicians at that facility. Identification of needs and gaps which are unique to each system would be necessary.

Mr. Giese pointed out that the consults don't have to be with a metro physician in Kentucky but could be any of the NeuMedicine board certified physicians around the country. There is a high return on the investment as it provides better outcomes, etc. for trauma.

Carol Wright said that Taylor Regional Hospital has a robot in use. It has been very beneficial in their setting. She talked about the advantages of telemedicine and trauma. Example: There were multiple trauma victims to be transported to a Level I hospital. There was bad weather and they didn't have the availability for EMS transport. The patient was in the emergency department for 5 hours. It could have been used during that time to have consults with the receiving physician.

Dr. Bernard restated that with trauma, the system would have to fit into the trauma triage protocols and algorithms as used by the hospitals. Dr. Rogove remarked that the system is not intended to impede transfers but to help meet the needs of physicians for consultations.

Mr. Farrell reported that other hospitals that feed into his hospital would need to agree with this system.

Questions were also raised about funding. There may be funds or grants available from USDA, and some facilities are ready to go if they can figure out how to pay for the equipment.

The group was not sure how this fits into the existing Kentucky Telehealth Network. Mr. Giese said that there is no need for redundancy. The system would need to fit into existing networks and develop protocols for usage. As far as funding through grants, no RFP has been released for the USDA grant. Any grant would only cover equipment costs. Physician fees and administrative fees would be the responsibility of the user.

Mr. Bartlett said that there is a Commonwealth Video Conference Network (CVCN) Consortium in place, but the Department of Public Health is currently not a member though COT (which supports KDPH) is.

If the group likes the concept, a working group would need to be formed to start mapping out the development of the system prior to applying for grants. Several clinical areas are already working on this: Infectious Disease and Emergency Medicine. The key players need to work together.

Dr. Carrico said that she and Rob Sprang, Director of Kentucky TeleCare and Project Manager of Kentucky TeleHealth Network, have been working to connect various sites in Kentucky and the Department of Public Health. An example of this is Pikeville which wanted to learn about antibiotic programs. They could provide physician consults as well as other services such as Quality Initiatives.

Dr. Bernard agreed that the individual parties need to meet together to strategize and write the grant proposal. Mr. Bartlett suggested that UK and U of L as well as others who are interested should map out strategies and develop a master plan.

Mr. Giese stated that he had already spoken with Rob Sprang (Kentucky Telehealth Network) and the U of L Neuromedicine program. The conversation needs to include discussion about providers, recipients as well as policies, etc.

Dr. Costich said that information about the USDA RUS (Distance Learning and Telemedicine) grants is available on the website: http://www.usda.gov/rus/telecom/dlt/dlt.htm Typically, the grant application deadlines are March 15, 2010. Dr. Costich and Mr. Giese agreed to speak later about this grant application process.

Verification: Mr. Bartlett and Mr. Kendall have met with the Legislative Research Commission on the proposed trauma regulations. The LRC reviewed the proposed regulations and said that there may be too many definitions in the regulations. There also needs to be better explanations on how the fees have been calculated as well as better justification for fees. They encouraged us to make sure the process was well-defined.

After discussion, it was decided that KyTAC members would review the proposed regulations one more time with a goal of being ready for submission to LRC by April 15, 2010 in order to be published on May 1, 2010. There is typically a 30 day “review and comment” period. Assuming that there are no negative comments, the regulations could be finalized by late June 2010.

The revised trauma system maps are posted on the KHA website at http://www.kyha.com/home/kentucky-trauma-care-system/

Education: Ms. Wright reported that additional RTTDC courses had been offered. There will be several TNCC courses in the next two to three months. Two classes are full with one more course accepting registrations.

Data: Dr. Costich reported on the CDM installation. There will be a first call for 2008 data to six institutions in the new week or so. There will be additional 10 pre-hospital data points added. There is not an over abundance of prehospital data at the moment.

Dr. Bernard asked how the data is entered.

Dr. Costich reported that at the present time the data is entered manually on an institutional level. They are working with KBEMS to see if both sets of data could be merged. They are not sure when this will be functional.

Dr. Bernard asked if EMS run data collection would benefit KyTAC.

Mr. Bartlett commented that Lexington-Fayette County EMS & Fire has a computerized run data system, and Louisville Metro EMS is using First Watch. These are designed to use national data standards. They are both used for surveillance, and the Lexington data will be tied to surveillance for the WEG games.

John Isfort indicated that Estill County EMS has been electronic for 2 years. Ron Jackson said it was coordinated through their billing company data. Lisa Frymine said CDM will coordinate with Estill County EMS for a pilot.

Protocols: It was noted that there is a research paper on the difficulty of second reads. A simple algorithm needs to be developed for second reads.

Mr. Bartlett said that the regulation writers indicated the regulations should include protocols that have been developed if they are to be required. However it is needs to be determined which ones are guidance and which ones should be in the regulations. Dr. Bernard suggested that the regulated protocols be kept to a minimum.

Dr. Costich suggested the incorporation of the current trauma protocols in the Trauma Hospital Manual by referencing them in the trauma regulations.

Next meeting: The next meeting will be scheduled for late March or early April due to the April 15 deadline for the submittal of the proposed trauma regulations.

There being no further business, the meeting was adjourned.

Minutes prepared by: Diana Jester, Emergency Preparedness/Trauma Program Assistant