



**Kentucky Trauma Advisory Committee
Steering Committee Meeting
January 20, 2015 at 3 PM ET**

Participants on the call:

Richard Bartlett
Andrew Bernard
Trish Cooper
Mary Fallat
Linda Gayheart
Brian Harbrecht
Ben Hughes
Brandon Hurley (Commissioner's Office)
Genia McKee
Susan Starling
Jason Stiles
Sandy Tackett
Kim Denzik

Education Committee

Dr. Harbrecht started with the Education Committee report. Scott Suttles had intended to create some focus areas around a lead trauma center in clusters of Hospital Preparedness Program regions to allow for a regional approach to educational offerings. Unfortunately, they have reached out to see what is being offered in each area, but there hasn't been a lot of feedback.

Process Improvement Committee

Dr. Harbrecht noted that Pineville inquired about the process to do a potential Peer Review of a possible case through the PI Committee or some other method. Sandy Tackett had been monitoring development of the West Virginia Trauma System, and they are apparently going to develop a process to do that for their trauma centers. Sandy was inquiring if this was something KyTAC was considering.

Dr. Bernard said that he had a similar question from a trauma center in Evansville asking the same type of question. They had a case which came from a Kentucky county, and were wondering if KyTAC had a process in place to do a peer review. Dr. Harbrecht was a little concerned about an Indiana trauma center asking the Kentucky trauma care system about doing a peer review. Since we don't have a process at this time it was suggested that we so advise the Evansville facility that they will need to handle the matter using their own peer review process.

Dick Bartlett reported that he had a discussion with Nancy Galvagni, Senior Vice President at KHA, and the Executive Director of the Kentucky Institute for Patient Safety & Quality (KIPSQ). Some of these event reporting and review situations may be handled through a PSO like KIPSQ. KIPSQ has contracted with ECRI Institute to customized programmatic support that includes data collection and reporting systems based on AHRQ Common Formats, expert patient safety analysis, culture-of-safety recommendations, best practices, and advisories.

"The KIPSQ PSO is a way for health care organizations to have quality and patient safety related data – including peer review deliberations – federally protected as confidential, privileged and protected from legal discovery. KIPSQ will also enable organizations to participate in shared learning to foster improvements in the processes used to deliver patient care." KIPSQ can handle Peer Review instances in a confidential manner, and as a federally certified PSO can keep some of the information from

discovery. To do a specific Peer Review would require a separate contract. For more on KIPSQ go to this information link: <http://www.kipsq.org/Home.aspx>.

Dr. Harbrecht had some concerns about the ability of a PSO to keep materials confidential since it has not fully withstood a legal challenge. Mr. Bartlett suggested that we have Nancy Galvagni address this at a future meeting. A number of the state hospitals are members of KIPSQ, so this is something we probably need to at least review. When KyTAC was new, Nancy discussed the proposed PSO during an initial organizational meeting we had at KCTCS in Versailles.

Mr. Bartlett clarified for the record that KyTAC does not have any inquiries, cases, or files involving any potential situations that need to be reviewed. All we have at this point is a request from a trauma center inquiring to see if KyTAC has a process in place to deal with a potential case that need to have a peer review.

When discussing how to do this, it was noted that other states have different laws and tort protections. Kentucky statutes offer no protection from discovery for peer review.

This lead to a general discussion about how to eventually build-out the trauma system in the future.

Verification Committee

There is a Verification Committee conference call coming up for later this week. Ben Hughes said that at this point the objective is to get a handle on how many there are to do, and begin to get organized to proceed. Mr. Bartlett said that we probably have 4-5 up for re-verification, and at least two up for initial verification. There was some discussion about potentially clustering the site visits to speed-up the process.

Re-verification

Ft. Logan
Haggin
Livingston
Marcum & Wallace

Initial Verification

Rockcastle
Russell

Protocol Committee

No report from Dr. Bernard.

Finance/Advocacy

Mr. Bartlett arranged for KyTAC leadership (Dr. Harbrecht, Julia Costich, John Draus and Dick Bartlett) to meet with the KHA Physician Leadership Committee. This included many of the Chief Medical Officers of larger hospitals and hospital systems. The group also included the President of KHA, the Senior Vice President, the Vice President for Government Relations (who handles lobbying in Frankfort), and the Vice President for Health Professions.

There was a discussion about the need for financing the state trauma program and system development. Dr. Harbrecht felt that the other medical officers all recognized the importance of trauma to the state. He wasn't sure that there were a lot of substantial ideas on how to fund the system or consistent resources to keep the program going. He felt that it was more of an "introductory conversation".

Mr. Bartlett said that he believes he heard a willingness to take the need for funding back to their corporate leadership, but they wanted to see was essentially a "business case". They would like to have a "decision package" on the needs of the system, why we need it, how it will improve the situation, and

so forth. The comments of several of the Chief Medical Officers was that we really weren't looking for a lot of money in the grand scheme of things. If we could give them something solid they were willing to take it to their leadership to sell. This might be bridge funding until a longer-term solution can be found.

As we left the meeting there were some side conversations with Julia Costich and Dr. J. D. Miller from ARH. Apparently, there is a graduate student in the School of Public Health that Julia has in class who also is an employee of Dr. Miller – and the person responsible for working on the development of their trauma capability within the ARH system. They were going to each approach him about helping build the trauma system “business case” – which helps both KyTAC and ARH. If he didn't have a thesis yet for his masters, this could be a good project to take on. Julia could also help him by guiding him to supportive data. In theory, this could be a tool that might be useful to future approaches to groups for funding.

Dr. Fallat was asking if all the systems present have at least a trauma center at this time so they are invested. Mr. Bartlett noted that some have trauma centers, and some are working on development of a potential trauma center in the near future. There was some concern if they wanted the information to help further develop their own business plans, or if they were really trying to help do what needed to be done. There was concern about creating a situation where we could indirectly encourage the develop of competing trauma center like Florida or Tennessee.

While Dr. Harbrecht reflected that it was a spirited discussion, he wasn't sure about the level of enthusiasm for support. While there is a need for more trauma hospitals in some areas of the state, the concern is to avoid duplicating trauma centers in places like Louisville or Lexington.

Other advocacy

Dr. Jason Smith, one of the surgeons at UofL and President of the KY Chapter, American College of Surgeons, is going to see about discussing some advocacy with the Kentucky Medical Association. The hope is to get some of the trauma concerns before members of the General Assembly during their Doctors Day at the Legislature.

There was discussion about the Coalition for National Trauma Research. They are going to have a legislative day in February in Washington, DC. They are looking for funding for trauma research, and Dr. Harbrecht will be participating. It will put him before some of the state's representatives, and he will look for opportunities advance the trauma cause.

Susie Starling asked if anyone from Trauma was going to be at the Governor's Healthcare Forum on January 29th. Mr. Bartlett noted that seating was limited, and it was being handled on an invitation basis. We would need to see how far out the invitations have been extended. Mrs. Starling was included because she is a CEO. She was wonder if anyone else was going.

There was no other business, so the meeting was adjourned.



Richard Bartlett
Secretary
KY Trauma Advisory Committee

Emergency Preparedness/Trauma Coordinator
KY Hospital Association
KHREF