



Minutes of the  
October 15, 2013 Meeting  
of the Kentucky Trauma Advisory Committee  
(Conducted by KDPH Video Teleconference MRN 1803822)  
3:00 PM ET

Appointee Attendance

Dr. William Barnes, MD, KY Medical Association designee  
Mr. Richard Bartlett, KY Hospital Association designee  
Dr. Andrew Bernard, KY Chapter, American College of Surgeons Committee on Trauma designee  
Dr. Julia Costich, JD, PhD, Injury Prevention Programs  
Dr. Brian Harbrecht, MD, UofL Hospital Level-I Trauma Center designee  
Ms. Bari Lee Mattinglee, RN, UK Level-I Trauma Center designee  
Mrs. Linda Gayheart, At-Large  
Mr. Nicholas Hammonds, RN, KY Board of Nursing designee  
Dr. Richard Cales, MD, At-Large  
Mr. Michael Poynter, KY Bd of EMS  
Mrs. Charlotte O'Neal, RN, KY Chapter, Emergency Nurses Association  
Dr. Dan O'Brien, MD, KY Chapter, American College of Emergency Physicians designee  
Mrs. Carol Wright, RN, Level-III Trauma Center designee

Appointees Absent

Dr. Mary Fallat, MD, Pediatric Trauma  
Mrs. Sandy Tackett, RN, Level-II Trauma Center designee  
Mr. Shane Ratliff, KY Transportation Cabinet designee  
Dr. Stephanie Mayfield, MD, Commissioner of Health  
Mrs. Susan Starling, RN, Level-IV Trauma Center designee

There were a number of guests in attendance, but not all were recorded.

1.) KY Trauma Symposium follow-up - Feedback on the program was all positive. Thanks to the team in Louisville at Nortons, Kosair and University of Louisville hospitals who took the lead this year for a job well done. The 2014 Kentucky Trauma Symposium will be October 21-23, and will be held in meeting space at Keenland.

2.) KY Trauma Registrars - The trauma registrars held a one-day pre-conference before the Trauma Symposium that was extremely well attended. Trish Cooper coordinated the program. The topic that got the most attention seemed to be a series of charting exercises guided by Wanda Bowman that posed a situation, and had the participants discuss how (or if) it should be coded into their registry.

Trish also reviewed a number of new data elements going into the KY Trauma Registry. At this point there have been no reported problems with the change.

3.) EMS for Children Update - No report.

4.) Funding - Linda Gayheart reported on a meeting that she had with Representative Rocky Adkins (D-99; Majority Floor Leader) on the need to establish on-going funding to support the Kentucky Trauma Care System. There was also a draft of some potential minimum essential costs developed, and shared with the group. (See attachments.)

It was Mr. Adkins' recommendation that KyTAC go for a line-item in the Cabinet for Health and Family Service's budget. He further assisted by facilitating a meeting with Secretary Haynes that will occur in December that she will attend with Chairman Bernard.



5.) Public relations & Outreach - Dr. Bernard indicated that he has been working with the media office at UK to develop some trauma promotional posters that facilities can use for local outreach; and finalized some trauma promotional items that were distributed at the KY Trauma Symposium and the KY EMS Conference in September. A small supply of the "stress reliever" ambulances and helicopters has also been sent to the trauma centers for local use. The posters and promotional items were paid for from the education funds that were

donated by the Good Samaritan Foundation of the Kentucky Methodist Conference last year, and not tax dollars.

Dr. Bernard also reported that he had developed a "Blood Truth: 15 Facts about Trauma in Kentucky" handout which he has used in several presentations and meeting lately. It is shown below:

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### **The Bloody Truth 15 Facts about Trauma in Kentucky**

1. *Trauma is the leading cause of death in Kentuckians under 45.*
2. *Trauma costs our society more than cancer, stroke, and heart disease combined.*
3. *Kentucky leads the nation in Trauma-related death rates (enter ranking here). Svetla, Julia*
4. *Kentucky was 38th out of the 50 United States to establish a trauma care system.*
5. *Kentucky's trauma care system is unfunded and is operated largely on volunteer time, limiting potential progress.*

#### **But, we've made progress:**

6. *Kentucky has doubled its number of trauma centers in just 5 years.*
7. *Kentucky now has level 4 trauma centers, a totally new type of trauma care facility.*
8. *Patients with serious injuries treated at some community hospitals now wait 1/3 the time they used to before reaching specialty care.*
9. *Hundreds have been educated state-wide on optimal trauma care and trauma systems.*
10. *Traffic fatalities are down 13% in Kentucky (74 fewer lives lost so far this year).*

#### **But there's still much to do.**

11. *Support for the trauma care system in Kentucky is widespread-among hospitals, physicians, nurses and EMS.*
12. *The Kentucky Trauma System has no salaried staff at all and a State Trauma Coordinator is desperately needed.*
13. *Kentucky's Trauma Data Registry, which provides critical information for resource allocation, prevention initiatives and policy-making, literally survives from grant to grant, and risks being moth-balled if no durable funding is identified.*
14. *Survival of trauma in Kentucky depends upon where you are when you're hurt.*
15. *4 or 5 children still die every month in Kentucky from traffic crashes alone.*

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6.) Feedback from the National Trauma Manager's Conference - Mr. Bartlett indicated that the representatives from the ACS COT talked about "inclusive" and "non-inclusive" (or voluntary) systems across the nation, and strongly advocated for "inclusive" systems. The philosophy they were promoting was to "...get facilities to play at the level they are comfortable with." They would like to see every hospital contribute data on the level of trauma care they provide. Their position was that voluntary "free-market" systems are not sustainable; and that the ability to control patient flow within the new healthcare "systems" is driving new interest in trauma, which makes it look profitable.

The ACS COT presenters also pushed the concept of including Stoke and Stemi registries in with the Trauma Registries. Their feeling was that in rural areas, it is essentially the same people and facilities, so why not do one comprehensive program. They encouraged the process of designation, then protocols to authorize the by-pass of non-designated facilities to more appropriate designated facilities. There was some push-back on this from states with a lot of rural facilities. Some states are working on a combined approach, and others are not for a variety of reasons.

They indicated that the next edition of the "Optimal Resources" is "close to being done", and they hope to have it out in early 2014, but the roll-out is still being finalized. It will include Level-I and -II Pediatric categories, but not a Level-III Pediatric category. It will have a Level-IV category in the next version. They indicated cover color will likely change to a gold or yellow color again.

There was a general discussion of the TQIP program, and the upcoming November 17-19 conference in Phoenix. ACS COT reports that there are currently about 180 centers involved. It will eventually rank hospitals by outcome. UofL and UK indicated that they are members of the program, and that it was fairly expensive. There were mixed opinions about the net value. This may be a topic for a future presentation to the group.

The group quizzed them on who in a state is notified that the ACS COT will be in the state for a review or verification. They apparently notify the COT Chair, and in some cases will notify the state lead agency if requested in writing. Typically, the "contract" is with the hospital, and it is up to them to notify the state lead agency. *[R Bartlett note: I have discussed this with Commissioner Mayfield, and she has asked me to notify ACS COT that we would like to be notified and included on the site visit where possible. She noted that since our Level-I, -II and -III verification is dependent on ACS COT at this point, it would be appropriate I or someone from KyTAC participate as an observer during a site survey.]*

There was an indication that the national program is developing a "Trauma Managers Mentoring Toolkit" that should go live soon.

7.) Update on developing trauma center progress - Several sites updated their situation:

- **Pikeville** (Level-II) - has a new Trauma Medical Director, Dr. Bill Perry. They have been reviewing process and progress, and are shooting for the end of 2014 as a Level-II.
- **Owensboro** (Level-III) - They essentially did a "reset" when they moved into their new facility so that the program would have a solid year's experience in their new hospital. They are on schedule to have an ACS COT Consultation Visit in the April/May 2014 time period.
- **Crittenden County** (Level-IV) - Target uncertain.
- **Trigg County** (Level-IV) - They reported that they are working towards a mid-2014 target.
- **Methodist Union** (Level-IV) - They are working on TNCC for December, and are still getting their PI progress established. They are at least a year out.
- **Medical Centers Scottsville and Franklin** (Level-IV) - potentially late 2014
- **Parkway** (Level-IV) - Potentially late 2014
- **Russell County** (Level-IV) - end of 2014
- **Marshall County** (Level-IV) - Potentially late 2014)

- **Twin Lakes** (Level-IV) - Just getting started with a new ED Manager on board. Anticipate early 2015.
- **Morehead** (Level-III) - Working towards either late 2014 or early 2015.
- **ARH** - Several facilities have been working on development of possible trauma centers. Target dates uncertain.

8) Upcoming future training - There is an RTTDC course scheduled for Marcum and Wallace. Information should be out shortly.

9.) Other

- Mr. Bartlett noted that we are going to need to consider developing individuals who can serve as Level-IV site reviewers during 2014. This may involve some type of orientation program for the individuals so they are better prepared for the task.
- Dr. Bernard told the group that policy makers need to hear from the KyTAC community. There is no on-going source of funding to support the program, and we need their help.

The next meeting is scheduled for November 19th at 3 PM ET; and December 17 at 3 PM.

[NOTE that the November 19th meeting was moved to November 26th, and the future of the December 17th meeting will be discussed at that meeting. It is likely to be cancelled, and so the next meeting will most likely be January 21, 2014, at 3 PM ET.]

Respectfully submitted:



Richard N. Bartlett  
Secretary

Emergency Preparedness/Trauma Coordinator  
KY Hospital Association/KHREF

(Attachments: Two pages in PDF format)