

Meeting Minutes
Kentucky Trauma Advisory Committee
Keeneland, Lexington, KY
October 20, 2014

Appointed Members

Dr. William Barnes, KY Medical Association
Mr. Richard Bartlett, KY Hospital Association
Dr. Andrew Bernard, UK Level-I Trauma Center
Dr. Richard Cales, At-Large
Dr. John Draus, KY Children's Hospital Level-I Pediatric Trauma Center
Dr. Mary Fallat, Pediatric Trauma
Nicholas Hammond, RN, KY Bd of Nursing
Dr. Brian Harbrecht, UofL Hospital Level-I Adult Trauma Center
Mr. Michael Poynter, KY Board of EMS
Mr. Shane Ratliff, KY Transportation Cabinet
Mrs. Sandy Tackett, RN, Level-II Trauma Centers

Guests

Caren Daniels, St. Claire Reg. Medical Center
Kim Denzik, UofL Hospital Trauma Program Manager
Dr. Edwards, St. Claire Reg. Medical Center
Ben Hughes, UofL Hospital Trauma Program
Amanda Martin, James B. Haggin Memorial Hospital Trauma Center
Lydia Russell, James B. Haggin Memorial Hospital Trauma Center
Morgan Scaggs, KY Board of EMS & KY EMS-C Program
Jason Stiles, Owensboro Reg. Medical Center
Scott Suttles, Pikeville Regional Medical Center
Katrina Wood, Medical Center Franklin
Carol Wright, UK Trauma Center Program Manager

The meeting was convened by the Chairman, Dr. Brian Harbrecht. Individuals were asked to go around the room and make introductions.

Committee Reports

Data: Trish Cooper is conducting an in-service as part of a Trauma Symposium Pre-Conference for the Trauma Registrars. This program was an all-day event.

Education: Scott Suttles discussed development of a regional grouping around the people who had volunteered to serve on this committee. They would essentially be the "champions" in that part of the state to coordinate and promote programs for trauma centers in their regions. Scott would take the lead in the southeast and eastern part of the state, Jason Stiles could handle the western parts of the state, and perhaps Theresa Baker could coordinate in the central part of the state. Educational offerings could be posted to the Trauma Care System website on the KHA website. Scott would feed the information to post. There was some discussion on how best to break-up the state, including by ADD or HPP regions, or a clustering of HPP regions (Jason focusing on HPP regions 1-2-3; Theresa working with HPP regions 4-5-6-7; Carol working with HPP regions 13-14-15;; and Scott working with HPP regions 8/9-10/11, and 12. It was also suggested that the Trauma Education Committee work with the HPP Regional Coordinators to get information out, identify potential sites, and dates. There was also discussion of working with the KBEMS website, the EMS Connection, and the air medical services which provide a lot of free trauma and EMS in-service.

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There was discussion about the potential of developing another Advanced Burn Life Support course for the eastern part of the state, and feed it to Mr. Bartlett for the KY Public Health Preparedness Branch to consider for future funding (as we did last fiscal year for the central and western parts of the state). Morgan Scaggs said that the EMS-C program had nothing in the immediate pipeline related to trauma.

Finance: Linda Gayheart sent her regrets for not being able to attend. She sent word that she has met with Senator Johnny Turner, the Senate Minority Caucus Chair. He was not optimistic about a potential funding bill in this Session since it is not a budget year. He encouraged KyTAC to work with CHFS to identify potential funding. She also indicated that there may be another chance to file a new application with the Good Samaritan Foundation in the near future.

Dr. Bernard reported that he had met with some legislators. They were looking for the amount of money that could be saved through trauma care in an effort to make a case for funding. Dr. Harbrecht suggested that we use CDC data with a goal of getting the numbers down to national averages. He mentioned that other states seem to get their funding from "super speeder" fines, alcohol, motor vehicles, and DUI fees. Dr. Barnes noted that since becoming a Level-IV, the quality of care has improved overall, which has led to better revenues and more third party payments. We currently collect a small state fee when there is a verification site visit. A portion of that goes to reimburse the evaluation team, and the balance stays with the state. At this point we have no idea if that is in the KyTAC account created by the statute, or was absorbed into the General Fund.

It was noted that there were some in government who felt that since hospitals benefit they should cover the costs of the program, but Dr. Harbrecht felt that it is the people (trauma patients) of the Commonwealth who benefit, and this may need to be a topic discussed with potential candidates for Governor next year. There is a need to find some sympathetic legislators to help champion for the trauma system. Dr. Cales noted that this is not a hospital problem, but a public health and transportation problem, and will require a multi-faceted approach.

There was some discussion about the Pennsylvania Trauma Foundation approach, but the feeling was that this would be ambitious and expensive at this time.

It was noted that the Kentucky Trauma Symposium is really not a money-maker. The budget is essentially flat, and pays for itself.

Dr. Bernard said that he was told Trauma legislation would likely go through the state Transportation Committee of the General Assembly. Mr. Bartlett noted that if we work it in partnership with the Cabinet for Health and Family Services, it is likely to go through Health and Welfare.

We are going to need to review the new ACS COT "Resources" document to see how it handles Level-IV, and what we want to do with it. The regulation will need to be modified when the book is formally released because the current version is now in the Trauma Regulation. If we are going to increase fees, with the overage applied to system development, this would be the time to discuss a change. Dr. Barnes suggested that we consider developing some self-sustaining models that would seed the system, and then keep it running.

Process Improvement: Dr. Draus discussed some ideas on a trauma dashboard based on the trauma registry. The problem is getting the data out of the registry on a regular basis. It may be hard to get the data out quickly without money. There was a discussion about building a "template" that could be run as a job on a quarterly basis to pull data out of the system. Question - Can we create canned reports that can be sent to our trauma centers, all levels, on a quarterly basis? The annual report for 2013 is available at this time, but it takes a long time to do this. This needs to be discussed with KIPRC staff. There was discussion about starting with something simple, like Average ED length of Stay. Dr. Bernard

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noted that the data in the registry is de-identified, so Svetla would have to drill down to eliminate duplicates.

The consensus of the group was that we need to be able to access our own data for our own purposes.

St. Claire Regional Medical Center has started to report data to the Trauma Registry.

Protocols: Dr. Bernard noted that the first protocol that was developed was the ED Transfer Protocol; the second was the ED Imaging Decision Tree; the third the ED Abdominal Imaging Decision Tree; and the fourth was the CDC Field Triage matrix. The KBEMS group has been discussing a review of this one to see if it needs to have a variation for pediatric patients, but Dr. Fallat felt that this protocol was vetted during development by pediatric specialists, and doesn't need to be amended. His group has talked about Pre-hospital fluid resuscitation, fluid administration, and Spinal Immobilization limitations. This may be the next one targeted for development. There was also some discussion about looking at use of the Eastern Association Surgeons in Trauma (EAST) Practice Management Guidelines (PMGs). There are apparently about 20 on-line guides, and an App available for smart phones.

Verification: Ben Hughes indicated that we need to develop a list of who is coming up for verification or re-verification. He has reviewed the on-line version of the new ACS-COT Resources manual against the current Kentucky Level-IV criteria, and was working on a "cross-walk". His impression at this point is that our existing standards are fairly well written. He will try to have a preliminary cross-walk done by November 18th. The official print release data is not known at this time.

There was also discussion about the desirability of bringing in at least one outside person for each verification team who is NOT involved with KyTAC to make it more impartial.

OLD BUSINESS

Appointments: Mr. Bartlett noted that we have several vacancies to consider making recommendations for to the Commissioner. Charlotte O'Neal has resigned to take a new trauma assignment in Tennessee. She was representing the Emergency Nurses Association (ENA), and was indicated that EMS is recommending Jason Stiles at Owensboro to replace her. Laryn Mertz, who was representing Level-III trauma centers, has resigned to take a new position in Florida. There was discussion about putting Leah Curry, Trauma Program Manager for Taylor Regional Hospital, up for consideration to replace her. Julia Costich, who had originally be appointed to represent injury prevention programs, was in-line to be reappointed when her term expired. That got missed when the last batch of appointments were made, and needs to be completed. Based on the Trauma statute, there should be an appointment for Kosair Children's Level-I Pediatric Trauma Center. There was discussion about switching Dr. Mary Fallat, who is now representing Pediatric Trauma as the result of a previous Executive Order to expand the appointment categories, to represent Kosair, and then consider recommending someone working in pediatric emergency care, perhaps in an Emergency Department. On the position originally designated to represent the Kentucky Board of Medical Licensure, it does not appear that they have an interest in filling this position so it might be worth looking at either writing it out or changing it to someone representing air medical.

NEW BUSINESS

NASEMSO Conference: Mr. Bartlett wanted to make the group aware that the National Trauma Managers will be meeting in Louisville in October of 2015 as part of the National Association of State EMS Officials (NASEMSO) annual meeting. This may be something to consider when planning the 2015 Trauma Symposium, which will also be in Louisville that same month. KBEMS will be the official state host for the NASEMSO meeting.

HRSA Funding: Dr. Fallat mentioned that they have received a grant of about \$1-million from the HHS HRSA program to develop an application aimed at pre-hospital personnel to help them deal with death in

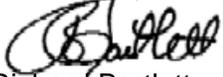
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the field. The project will include some EMS focus groups and discussions with families. There will be a session on this at the NASEMSO conference in 2015.

The next meetings will be the regularly scheduled Steering Committee meeting on November 18th at 3 PM ET; and the next full KyTAC meeting will be on the regular schedule for December 16th at 3 PM. As we have done in the past, the meetings will be using the KY video teleconference system, Meeting Room Number (MRN) 1803822.

There being no other business, the meeting was adjourned.

Respectfully submitted,



Richard Bartlett
Secretary
Kentucky Trauma Advisory Committee