

## Kentucky Trauma Advisory Committee

August 28, 2009 at 10:00 AM (EDT)

Called Video Conference Meeting

### Members Present

Dr. Barnes -No  
Dr. Bernard -Yes  
Dick Bartlett -Yes  
Julia Costich -Yes  
Dr. Fallet - No  
Terence Farrell - No  
Lisa Fryman -Yes  
Linda Gayheart -No  
Chuck Geveden - Yes  
Carol Wright - No  
Dr. Franklin - Proxy/Ben Hughes - Yes  
Sharon Mercer - Yes  
Dr. Motzer - Yes  
Charlotte O'Neal - Yes  
Charlie O'Neal - No  
Dr. Chris Pund - No  
Susie Starling - Proxy/John Isfort & Janet Smith - Yes  
Dr. Travis - No

Dr. Hacker or delegate - No

### Guest:

Dr. Jane Trautwein, Fleming Co Hospital  
Mike Singleton, KIPRC  
Eddie Napier, KIPRC  
Dr. Harbrecht, UofL  
Trish Cooper, UK  
Wanda (Ohio)

### Presenter:

Tim Favazza, DI Corp. ([tfavazza@dicorp.com](mailto:tfavazza@dicorp.com))

Dr. Bernard asked Mr. Favazza to do an on-line WebEx demo of their trauma registry system. What he used was a version of the Texas Trauma Registry. The demo lasted about an hour, ending with a Q&A session. There is an attachment that shows their process flow chart. Mr. Favazza thanked, and the demo ended about 11:15 AM.

### Follow-up Discussion

Dr. Bernard indicated that funding for a core program to use as the Kentucky Trauma Registry seems to be working itself out. A grassroots campaign led by Eric Guarrant and MESA has raised over \$7000 toward funding the database. UK has expressed interest in financial support, and Dr. Hacker is seeking \$25,000 funding from the current ASPR Preparedness grant budget. Maintenance costs (for 2010), inevitable with such a large and powerful database, have already been budgeted by Susan Zepeda and the Partnership for A Healthy Kentucky.

The task before the group now is to make a recommendation to Dr. Hacker about the core software that KyTAC feels would be the best to build on for the state registry, and to use as the package for reaching out to the potential Level-IV facilities to help them gather and enter their data.

It was his feeling that there are essentially two paths to consider at this time. Go forward with the development of a Request for Proposals (RFP). Include all the potential vendors, and then work that down to a recommended vendor followed by procurement. He estimated that following government procurement processes this is probably 3-6 month process. The alternative would be modifying an

existing agreement with a vendor already in use in Kentucky to extend the scope of the service they are providing. UK uses the CDM's TraumaBase product, and at Dr. Bernard's request they submitted a proposal (attached).

There was also a potential implementation plan discussed at the regular KyTAC meeting on August 18th (this is also attached). That included \$20,000 for set-up of the state Trauma Registry, a cost to handle secure data pushes, and a projected \$10,500 to get five Level-IV facilities set-up to use the on-line TraumaLite system on the internet.

Mr. Bartlett asked if the CDM TraumaBase package had a "Continuum of Care"-type server function that would allow for data to be imported and exported from different packaged. After doing some research, Dr. Bernard confirmed that they do have tools to import and export data in standard formats.

The CDM TraumaBase product had been demonstrated in several locations earlier in the week, so several participants were familiar with that product or the demo. Mr. Hughes at the University of Louisville Hospital indicated that for various reasons they would like to convert their existing NTrack system over to the TraumaBase system by 2010. Charlotte O'Neal indicated that they were at the CDM demo, and are strongly leaning towards the TraumaBase system. Ben Hughes also indicated that Pikeville has already bought it, and Springview is looking at it. Marcum & Wallace already have TraumaBase.

Dr. Motzer moved, and Dick Bartlett seconded, a motion that KyTAC recommend adoption of the CDM TraumaBase package for the Kentucky Trauma Registry core system, make a modification to the existing agreement that UK has with CDM to expand the scope of services as outlined in their proposal to include use of the web-based TraumaBase system for the developing Level-IV facilities. Mr. Bartlett a proxy for Susie Staring at Marcum and Wallace for the CDM system, and Chuck Geveden which he cast with the majority. The motion was passed.

Mr. Bartlett noted that this vote does NOT preclude a facility from selecting to use the DI NTracks package or other solutions, as long as it can change data with the CDM TraumaBase package that the Kentucky Trauma Registry will be using, the NTDB and NEMSIS data standards.

There was no other business, and the call was adjourned.

Respectfully submitted,



Richard Bartlett  
Secretary, KyTAC