

Kentucky Cabinet for Health and Family Services
Department for Public Health
Kentucky Trauma Advisory Committee (ad hoc meeting)
September 29, 2008, 1:00 PM

MINUTES

Present:

Dr. William Hacker, Commissioner of Health	Chuck Geveden, KY Transportation Cabinet
Tricia Okeson, KDPH	Ben Hughes, UofL Trauma Institute
Teresa Baker, UofL Trauma Institute	John Isfort, Marcum and Wallace
Richard Bartlett, KHA	Ron Jackson, Estill Co EMS
Dr. William Barnes, Livingston Co Hospital/KMA	Sharon Mercer, KBN
Dr. Eric Bentley, ACS COT	Charlie O'Neal, KBEMS
Dr. Andrew Bernard, UK/ACS COT	Charlotte O'Neal, Frankfort Reg. Med Center
Dr. Julia Costich, KIPRC	Mike Singleton, KIPRC
Dr. Mary Fallat, Kosair Children/ACS COT	Tom Taylor, KBEMS/EMSC
Terence Ferrell, Pikeville Medical Center	Dr. Russell Travis, KBML
Lisa Fryman, UK	Carol Wright, Taylor Reg. Hospital
Linda Gayheart	

The meeting was called to order by Richard Bartlett, who facilitated the session at the request of Dr. Hacker. Participants in the meeting introduced themselves. The agenda package included the following items:

- Kentucky Trauma Care Law
- Summary of the KOHS Trauma Care Grant
- Extract from the KOHS Trauma Care Grant that provided more detail
- Extract from the Third Kentucky Trauma Registry Report (entire document sent by listserv)
- Map of Kentucky showing trauma centers in and around state
- Summary chart of ACS COT requirements for trauma centers (Source: UK Trauma Center)
- Draft criteria for Level IV (Source: Dr. Coughenhour, UK)
- Minnesota Trauma System Regulations/Law
- Wisconsin Trauma System Regulations

Dr. Hacker welcomed the group, and reviewed the charge and purpose of the committee as outlined in the legislation. It was noted that the official appointments will be made by the Secretary for the Cabinet, but that has not happened as of the date of the meeting. Some of the organizations had not given the Cabinet their names until a few days before, and there was still a question about the representative from UofL which they had not been able to reach. Mr. Hughes said that he would follow-up on this, and someone would get back to Mrs. Okeson.

Trauma Legislation

Mr. Bartlett walked the group through the major features of the legislation. It was noted that the Trauma Advisory Committee will be seventeen people, many of who are designated by their sponsoring organizations as called for in the law. It was noted that there was a meeting with the Governor and several members of the ad hoc trauma advisory group. As a result there is an Executive Order being developed that will add two additional positions to the committee. One will represent pediatric trauma, and one will represent injury prevention. All terms are for four years, but they are staggered so that the entire body does not change at the same time.

Tricia Okeson noted that there will likely be a need to publish some of the processes involved with the designation of trauma centers in regulation form. This is provided for in KRS 211.494(8). The Cabinet would be responsible for this, and it is a lengthy process that can take between 90-120 days once started.

Mr. Bartlett noted that the new law also calls for the statewide trauma care director to report to the Interim Joint Committee on Health and Welfare by December 1st. The report should indicate the status of the development and implementation of the statewide trauma system. (Reference KRS 211.494(7)). Dr. Hacker indicated that it is his intention to modify the existing KHA contract to handle this role. It was felt that one of the discussion points with the LRC committee would need to be the need for on-going system funding. Dr. Hacker reminded the KyTAC that the Cabinet can not advocate to the General Assembly.

KOHS Grant Application

Mr. Bartlett noted that in partnership with the Department for Public Health an application was filed with the Kentucky Office of Homeland Security (KOHS). The package was valued at \$581,390. Mr. Bartlett walked the group through the document, the projects, and the timelines proposed in the grant. Some of the projects are likely to lead to potential carry-forward work for a second grant year request. This include a stakeholders survey using a HRSA trauma system development tool that looks at where a state is in comparisons to proposed benchmarks and Indicators, and a survey on pediatric capability and capacity that is driven around guidance from the American Academy of Pediatrics and an Institute of Medicine report.

The anticipated timetable for notifications was supposed to be September 15th, but Mr. Bartlett indicated that KOHS did not get their approvals from Washington on time, so it has pushed back their ability to make in-state notifications until the middle of October.

If the KOHS grant is not successful, then it was felt that the basic package could be used to make other applications to foundations and programs. There was some discussion about programs from US Department of Transportation, and it was noted that KY Transportation Cabinet was funding Kentucky Hospital Association to collect emergency department data. Mr. Geveden told the group that this contract had been renewed for a second year.

Kentucky Trauma Registry

Dr. Julia Costich reviewed the current status of the Kentucky Trauma Registry. They are currently receiving data from four hospitals. Kosair Children's; Taylor Regional Hospital; University of Kentucky; and University of Louisville. She provided some additional charts extracted from the larger report, and it was noted that they were only using data from Kosair, UK and UofL. She noted that the Taylor Regional Hospital data, because of its rural nature, is very much different from the three urban-based facilities.

There was also discussion about the plan to acquire under the KOHS grant ten licenses and packages of trauma software and hardware to help evolving facilities get ready for verification. A hospital would need to have a year's data before verification, and there may only be one or two facilities working on this right now. The concept under the grant would be to have KIPRC be set-up to configure the standard packages, provide assistance and training to the new hospitals, and act as the "help" desk for them. They would report their data to the Kentucky Trauma Registry, and it would eventually upload the data to the National Trauma Data Base. (NTDB). Mr. O'Neal and Mr. Bartlett noted that at a recent meeting of the National Trauma Managers in Tacoma Kentucky was shown as NOT reporting data to NTDB. All four facilities indicated that they have been routinely submitting, so that map shown at the meeting is wrong.

Kentucky Injury Prevention Program

Mike Singleton reported that they had received funding in August 2005 through a CDC grant to build a consortium of agencies involved in injury prevention. The grant runs through August, 2010.

He believes that we have a patch-work of programs at this time, but not a master plan. This is one of the objectives of the workgroup at this time. There was discussion about the linkages with injury prevention in agricultural settings. Terry Bunn, an agricultural specialist, apparently has links to the group. Dr. Robert McKnight from the SE (US) Regional Coordination Center is also based in the UK College of Public Health.

Referencing the report to the General Assembly, Mr. Bartlett said that data from the Trauma Registry and the KIPRC injury prevention programs will be an important component of the document.

System Development

There was a discussion about the need to define, probably through regulations, how the trauma system will look, and the process that will be used for designation. With Level-IV, that would also include the standards that will be used for verification since the American College of Surgeons Committee on Trauma does not have a verification process for Level-IV at this time. The regulations would also have to determine what fees would be involved; particularly any surcharges that would be needed to handle the Level-IV in-state verification process.

Other areas that would need to be considered include the use of one or more standardized trauma registry packages, reporting requirements, training, triage and treatment protocols. To that end there was a discussion about the need to organize into some committees. The group agreed to four committees:

- **Verification** (and the development of trauma centers across the state)
- **Protocols** (to include KBEMS, transfer, triage, and treatment guidelines)
- **Education** (Including the need, priorities, and recommended courses)
- **Data** (Including collection, reporting, databases, eligibility, software, etc.)

The feeling was that interested persons (both on and not on the advisory committee) could participate in the committee discussions. The people present at the meeting indicated a desire to serve on committees as follows:

<u>PERSON</u>	<u>COMMITTEE(S)</u>
Tricia Okeson, KDPH	
Teresa Baker, UofL Trauma Institute	Education
Richard Bartlett, KHA	Verification
Dr. William Barnes, Livingston Co Hospital/KMA	
Dr. Eric Bentley, ACS COT	
Dr. Andrew Bernard, UK/ACS COT	
Dr. Julia Costich, KIPRC	Data; Education
Dr. Mary Fallat, Kosair Children/ACS COT	
Terence Ferrell, Pikeville Medical Center	Verification
Lisa Fryman, UK	Education; Verification
Linda Gayheart	Verification
Chuck Geveden, KY Transportation Cabinet	Protocols
Ben Hughes, UofL Trauma Institute	Verification
John Isfort, Marcum and Wallace	Protocols; Verification
Ron Jackson, Estill Co EMS	Protocols
Sharon Mercer, KBN	Education

Eddie Napier, KIPRC	Data
Charlie O'Neal, KBEMS	Protocols; Education
Charlotte O'Neal, Frankfort Reg. Med Center	Education; Verification
Sara Robeson, KY Public Health	Data
Mike Singleton, KIPRC	Data
Steve Sparrow, KIPRC/KSPAN	Education
Tom Taylor, KBEMS/EMSC	Education; Protocols
Dr. Russell Travis, KBML	
Carol Wright, Taylor Reg. Hospital	Education; Verification

Committee Structure

Since the official appointments have not been made, anything the group does at this point continues to be advisory. It was noted, though, that the majority of the organizational representatives nominated were present. KRS 211.494 (3) (d) requires that the group meet on at least a quarterly basis, and have a chair, vice chair, and secretary from among the members. The committee should also adopt rules of governance at its first meeting in each fiscal year.

There was a discussion about officers. While not official, the consensus of the group was to nominate Dr. Andrew Bernard as the Chair, Charlie O'Neal as the Vice Chair, and Richard Bartlett as the Secretary. This will need to be confirmed at the official meeting.

There was discussion about having at least some of the meetings by telehealth/teleconference programs, conference call, or using some form of technology to save on travel costs. Mr. Bartlett noted that there are some Open Meeting requirements for notification and public access. Charlie O'Neal indicated that Tricia Okeson may want to talk with legal counsel, but his advised that teleconferences (where the people participating and voting can be seen on TV) are acceptable, but webinars and conference calls are not.

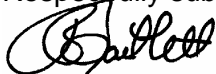
The plan is to have a one-hour teleconference meeting on October 21st at 11:00 AM (ET), with a back-up of October 27th at 11:00 AM (ET) if the appointments are not complete by October 21st. Information will be sent out once the Cabinet gets the sites and arrangements confirmed.

Other/Open Discussion

It was noted that Western Baptist Hospital was sponsoring a forum on October 1st to encourage a dialog on the development of a trauma system in that part of the state. That information was sent out through the trauma listserv.

Since there is no money at this time for travel or mailings, the KHA trauma listserv will be used to distribute information. Persons on the listserv can send to others on the listserv, which should facilitate the exchange of information and ideas. There is a 2 MB size limit, which includes the body of the message and any attachments. Listserv etiquette is encouraged (i.e.: watch the REPLY ALL thank-you's and personal comments that get seen by all).

Respectfully submitted,



Richard Bartlett
Emergency Preparedness/Trauma Coordinator
KY Hospital Association