KyTAC General Meeting August 20, 2024 3 PM ET [Meeting via UofL Health Zoom link#]



Meeting Minutes

The meeting was opened by Chair, Dr. Richard Cales

We had 23 in attendance, but only eight appointed KyTAC members, so we did not have enough for a quorum. **Minutes** from June 18 were previously distributed with the meeting notice. There were no additional changes suggested, so they will be accepted as published.

Special Presentation: There was a presentation by Angela Kik, RN, on the developing plans for a "Pediatric Medical Operations Coordinating Center" (PMOCC); and there was a "flow sheet" handout provided to participants for reference. Mrs. Kik is the coordinator for the proposed PMOCC, which is part of the Pediatric Pandemic Network program. The PMOCC will provide health care facilities and services as a "one-call" alternative when the center is activated as the result of a disaster or emergency, with the role of coordinating the transfer and movement of pediatric patients. They are hoping to be able to track both capacity and capability, the location of open beds, and to support the use of telehealth for consultations. The "hubs" for the program will be at Norton Children's Hospital and the University of Kentucky Children's Hospital, and the "spokes" will be the other facilities – both inside Kentucky and outside the state – with pediatric beds available. They are in "Year One" now, working on development of the initial plan. They intend to establish a planning committee to help in the process that will likely include Kentucky Hospital Association (KHA), the Healthcare Preparedness Program (HPP), the Kentucky Board of EMS (KBEMS), Norton Children's Hospital and Kentucky Children's Hospital. Sandy Tackett, the Trauma Program Manager at Pikeville Medical Center, which is developing their Mettu Children's Hospital, offered to have members of their team assist where needed. The program is hoping to have a Tabletop Exercise (TTX) in the fall of 2025 to demonstrate the concept, and eventually would like to do a statewide Town Hall outreach program through KHA to promote and further explain it to the hospital community. It is hoped that by "Year Two" they will have a functional dashboard operational to gather and display the information to participating hospitals and EMS programs, and again have a "functional" exercise to test the concepts. Those requesting more information can contact Angela Kik at amkik001@louisville.edu or (859-583-6168.

Committee Reports:

• **Data/Quality/Registrars** (Trish Cooper & Julia Costich) Dr. Costich confirmed that she has been notified by the KY Office of Highway Traffic Safety that their grant funding for another fiscal year has been renewed as of October 1, 2024. This has been the primary funding source for the KTDB system, management, and data analysis and reporting.

There is a discussion on-going about potentially moving the Kentucky Trauma Data Bank (KTDB) to the *Image Trend* platform, possibly in concert with a change in platform for the University of Kentucky trauma registry system in early 2025 after their ACS COT re-verification site visits.

The *Image Trend* program uses the NTDB data standard, is interoperable with others in the field, has other registry options available (like Stroke and STEMI), and it has import/export capability. This is important since available the historical backup KTDB data, going back to 2008 when the Kentucky Trauma Care System started, is on file in the UK data archives. It will also be an important factor going forward to be able to receive the trauma registry submissions from participating trauma centers, as required by the Kentucky trauma regulations.

The University of Louisville (UofL) is in the process of signing a contract with *Image Trend* to acquire a FULL licensed version of the system. It is anticipated that they will begin the conversion process in the fall, with a full move in the early 2025. The platform that they are acquiring will have enough capability and capacity to actually offer *ALL* the Level-IV trauma centers the use of the Image Trend trauma registry at *NO additional charge or cost to the facilities*. This option would also allow each facility to enter, manage and report on their own data, while creating a standard platform to collect consistent data among all the Level-IV centers. UofL is also reviewing the possibility of being able to offer the same option to the Level-III

trauma centers, but is working with Image Trend to confirm that these facilities will also be able to meet the TQIP and other requirements from the ACS COT verification program.

There was a discussion of having a representative from Image Trend attend the Trauma Registrar's meeting in the fall, but because of the overlapping AAAM AIS course before the Trauma Symposium the Registrar's meeting may have to be scheduled virtually at another time.

- Education
 - AIS 2015 Course Status –Tracie Burchette confirmed that the Abbreviated Injury Scale (AIS) course will be October 15 & 16 at the Galt House, before the main Symposium begins. They have twenty (20) registered. KyTAC's educational bequest fund is covering \$500 per student of the AAAM class fees for ten participants from facilities across the state, and UofL is covering their own personnel costs. The AIS textbook cost is \$250, and will be paid for by each participant. [Address questions to: Tracie.Burchett@UofLHealth.org]
 - Trauma and Emergency Medicine Symposium The symposium agenda is being finalized, and should be out soon. It will be October 17-18 at the Galt House in Louisville. (See the attached flyer for a registration link.)
- EMS for Children Program Morgan Scaggs was not on the call today. Mr. Bartlett and Chris Lokits confirmed that the window had closed July 31st for the EMS survey on Pediatric Readiness. The <u>emspedsready</u> website indicates that *Kentucky had a 91% response rate*. Nationally, the response rate was 46%. Identified deficiencies could potentially lead to future educational programs and funding down the road.
- **Trauma Regulations Revisions**. Mr. Bartlett noted that the proposed Trauma System regulation changes have moved from the Commissioner's office to a Cabinet-level review, but as of this data have not been forwarded yet to the Legislative Research Commission. The proposed changes to the Trauma Care System Regulations include several revised sections of the *Kentucky Trauma Hospital "Resource" Manual* (that will be called a "Reference" manual in the future); changes to add the national pediatric readiness standards, a change to the national Field Triage Guidelines, and suggested trauma registry inclusion criteria based in ICD-10. Once the revisions are sent to the Legislative Research Commission (LRC) for their final review this should trigger a public hearing probably before the Interim Joint Committee on Health Services before final adoption and publication.
- Verification Kim Denzik reported on a re-verification site visit that took place on July 19th at **Tug Valley** ARH. Dr. Cales, Mike Mixson, April Anderson, and Dick Bartlett were on the survey team. There were no deficiencies or significant issues found, and the survey team has included in their final report that Tug Valley ARH be recommended to Commissioner Stack for re-designation as a Level-IV Trauma Center. There were no objections voiced, so Mr. Bartlett will take the necessary follow-up steps.

Old Business:

- Outreach & Program Development On July 30 leadership of the Kentucky Trauma Care System was invited to discuss the status of the Trauma System before the Kentucky Legislature's *Interim Joint Committee on Health Services* in Frankfort. Mr. Bartlett, Dr. Andrew Bernard (UK), Dr. Jason Smith (UofL), and Dr. Richard Cales (KyTAC Chair) were all asked to speak on the subject. There was a request for some dedicated funding for the trauma system to implement the provisions of the Kentucky Trauma Care System law, KRS 211.490-211.496, which was passed in 2008 without funding. There were two handouts provided to all the committee members, and they have been attached to the minutes for reference. Efforts to do a "Super Speeder" law to create a funding stream have been abandoned since it was clear that there was limited support for this concept among legislators.
- **Pre-hospital whole blood program** Dr. Cales indicated that he will be forming a working committee to initially review the current literature on this subject. If there are people interested in participating on the committee, Dr. Cales asked that they reach out to advise Mr. Bartlett.

Mr. Bartlett noted that this topic got a lot of attention at a recent National Trauma Managers meeting, a national webinar by Trauma System News that featured the Montana "drive-thru" system they developed for long-distance transfers in very rural areas, and the August 6th **Post-Crash Summit** hosted by the Federal Interagency Committee of EMS. There are reportedly 11 countries which have developed pre-hospital whole blood programs, and a number of states either have programs or are developing them. Chris Lokits from Louisville EMS, who is representing the KY Board of EMS on KyTAC, said that Louisville Metro EMS has been looking at a possible pre-hospital whole blood program. They have gathered some sample protocols and successful program from other services across the nation. He offered to serve on

the committee. Dr. Cales indicated that their goal would be to have a report ready for the in-person KyTAC meeting on October 16th.

• There was no other Old Business.

New Business:

- Lawrence Bequest Funds Mr. Bartlett reported to the group that the balance in the account as of July 31st was \$364,758.75. Preserving the original \$250,000 bequest as KyTAC agreed to when the fund was initiated, that leaves an available balance of \$114,758.75. There is a payment being processed at this time for \$2,440 to cover the instructional fees, registration and material costs for a Rural Trauma Team Development Course (RTTDC) that Pikeville Medical Center held earlier this month at Highlands ARH in partnership with the Eastern KY Health Care Coalition. And as noted above, the anticipated \$5,000 registration cost for the ten sponsored students (@\$500/each) from facilities across the state at the AIS 2015 course in October will be \$5,000. The UofL Trauma Institute will invoice KHREF for reimbursement in the fall. This will leave an anticipated available balance of \$107,318.75, though this will likely change by the next meeting with interest earned and market changes.
- There was no other New Business.

Next Meetings:

- Steering Committee meeting: September 17, 3 PM ET (#)
- Annual In-Person KyTAC Meeting, October 16, 3:30 PM ET, at 2024 KY Trauma & Emerg. Med. Symposium >No virtual link provided

There being no other business, the meeting was adjourned.

Richard Bartlett, Secretary KY Trauma Advisory Committee KY State Trauma Program Director KHA/KHREF

(#) For the meeting use the regular ZOOM link from UofL Trauma Institute: <u>https://uoflhealth.zoom.us/j/91963079643</u> Meeting ID: 919 6307 9643 AUDIO ONLY: (312) 626-6799.

KyTAC Appointed Members in attendance on August 20, 2024:

Title	First Name	Last Name	Suffix	Organization	Representative for
Mr.	Richard	Bartlett (3)	MEd	KY Hospital Association	KY Hospital Association
Dr.	Richard	Cales (1)	MD	Emergency Physician	At-Large
Dr.	Julia	Costich (2)	JD, PhD	KIPRC	Injury Prevention Programs
Mr.	Chase	Deaton		KY Trans Cab. Incident Mgmt.	KY Transportation Cab.
Ms.	Fayetta	Gauze	RN	Tug Valley ARH Hospital	Level-IV Trauma Centers
Ms.	Amber	Hamlin	RN	Nurse	At-Large
Mr.	Christopher	Lokits	EMT-P	Louisville Metro EMS	KY Board of EMS
Ms.	Sandy	Tackett	RN	Pikeville Medical Center	Level-II Trauma Center

KyTAC Appointed Members absent on June 18, 2024:

Title	First Name	Last Name	Suffix	Organization	Representative for
Dr.	William	Barnes	MD	Livingston Hospital	KY Medical Association
Dr.	Andrew	Bernard	MD	UK Healthcare	UK Level-I Trauma Center
Dr.	Tony	Decker	MD	Owensboro Health Reg. Hospital	ACS, KY COT
Dr.	Mary	Fallat	MD	Norton Children's/KY EMS-C	KY Bd of Medical Lic.
Dr.	Brian	Harbrecht	MD	UofL Dept. of Surgery	UofL Level-I Trauma Center
Dr.	Jacob	Higgins	RN	University of Kentucky [Teaching]	KY Board of Nursing
Ms.	Patty	Howard	RN	UK HealthCare [Vacation]	Emergency Nurses Assoc.
Ms.	Morgan	Scaggs	EMT-P	KY EMS for Children Program	Pediatric Trauma
Dr.	Karan	Shah	MD	Baptist Health	ACEP, KY Chapter
Dr.	Steven	Vallance	MD	Frankfort Re. Medical Center	Level-III Trauma Center
Ms.	Ellen	Williams	RN	KY Children's/UK Healthcare	Level-I Pediatric Trauma Ctr

Others on the call for the meeting: April Anderson, Harrison Memorial Hospital Samantha Baker, UofL Hospital Michelle Broers, UofL Burn Center Tracie Burchett, UofL Trauma Program Trish Cooper, UK Trauma Registrar Kim Denzik, UofL Hospital Scott Helle, UK Center for Rural Health Shannon Hogan, Norton Children's Hospital Ben Hughes, UK Trauma Surgical Service Teri Johnson, Owensboro Health Twin Lakes Angela Kik, RN, PPN PMOCC Coord. John Luttrell, UofL Burn and Trauma PI Brittany Maggard, RN, McDowell ARH Angie Reed, Pikeville Med. Center Lydia Tims, Frankfort Regional

2024 Kentucky Statewide Trauma and Emergency Medicine Symposium

The Galt House Hotel, Louisville (<u>Brochure</u>) Thursday, Oct. 17, 2024 and Friday, Oct. 18 2024 Optional preconference meetings on Wednesday, Oct. 16, 2024 For more information and to register, visit this link.

Registration is open for the **2024 Kentucky Statewide Trauma and Emergency Medicine Symposium**, scheduled for Thursday, Oct. 17, 2024 and Friday, Oct. 18 2024.

This educational event will provide the latest information on innovative approaches to trauma and emergency care for adult and pediatric patients with regional and national speakers.

This year's program will be held at The Galt House Hotel located in downtown Louisville. Special hotel rates are available for \$189 per night at The Galt House. The deadline for this special rate is **Sept. 15, 2024**. To reserve at room, <u>click on this link</u> or call (800) 843-4528 and mention the Kentucky Statewide Trauma and Emergency Medicine Symposium.

For more information and to register, <u>visit this link</u>. For those that have already registered, we look forward to seeing you there.

Address questions to: Norton Healthcare Center for Continuing Medical Education <u>cme@nortonhealthcare.org</u>

(502) 446-5955



- ✓ There may be a Trauma Program Managers meeting on Wednesday, Oct. 16, 2024, after lunch. More to come
- ✓ As we have done in the past, an in-person KY Trauma Advisory Committee will be held on Wednesday, October 16, at 3 PM on-site.

The following illustration is related to the PMOCC presentation by Angela Kik.

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PMOCC

Pedletric Medical Operations Coordinating Center

> Angela Kik, BSN, EMT PMOCC Coordinator

DEFINITION

A Phose is a critical method of ensuring that pudiatria paliants are load balanced across the haspitals in a casian and/or the state. If can be used during a disaster involving pediatric palients and/or on a dolly basis during periods of high admissions such as during respiratory season.

46AR ON6

"Form a workgroup with Key Stateholders to develop a preliminary plan.
"Visit established MOCS:/PNDCDs to gain insight into best practices.
"Oecide an a data platform and databboard development.
"Provide a workshop and TTX to fact the Initial PMOCS plan.
"Socialize the PHOCS plan.
state/region.

PMOCC ORGANIZATION

"Hub and spake type organization "Utilize flowing Shidcen's Hospital and Rentwoky Children's Hospital as the main Hubs. "All facilities with posiatric capabilities will be the spakes. "PMOCE will have mostly virtual operations during activation. "Gaardinate with HPP, 6MS-C, KHA and other potential stakeholders.



PHOCE IS NOT ...

The PHOCO will AOT replace or interfore with neural referral partners or discourage health care systems from distributing patients and prioritizing beds and transfers within their organisation.

HEAR TWO

*Organize a state-wide functional exercise to test the Initial plan. *Finalize the PHOCO plan. *Activate utilize the newly developed dashbowd to manifor bed status and engage HPP staff to encourage all hospitals to participate. *By the end of year two, have a fully functional PMDSC.

CONCLUSION

The PMDCC och benefit providers by providing a "one call" alternative to making multiple calls during high volume periods either from a disaster or madical admissiona. All hospitals with pediwtric copabilities most participate for the system to fully work. This is a collaborative effort with all pediatric providers. The following handout was provided to members of the Interim Joint Committee on Health Services for their reference during Mr. Bartlett, Dr. Bernard and Dr. Smith's presentations.

Trauma: Number One Killer of Those Under 45 (But it Doesn't Have to Be)



Traumatic Injury causes 47% of deaths of those under age 45 in Kentucky and that is one-third higher than in the rest of the country. Sadly, trauma is more deadly in rural areas of Kentucky because of a lack of trauma facilities. Quick access to trained trauma providers is the key to saving lives. The Kentucky Trauma Center seeks to work more closely with rural hospitals to address this challenge to the health of our people and economies of our communities. The Current Trauma System

- Kentucky law already establishes a trauma system but does not fund it. Most states fund their trauma systems through general fund appropriations, fees, fines, or some combination.
- The Commissioner of Public Health oversees the system.
- The Trauma Advisory Committee is made up of volunteers.
- · The current system is dependent on goodwill and grants.
- UK and UofL hospitals are Level I, the highest level, providers and Pikeville Medical is a Level II provider. There are vast deserts of trauma care in both Eastern and Western Kentucky where Level III and Level IV centers are desperately needed.
- Level III and Level IV providers are crucial to stabilizing trauma patients and, if necessary, referring the patient to a higher level provider.

The Need

The good news is the system is not expensive and the need can be met for \$750,000 annually. Simply put, the Trauma System needs a consistent source of revenue in the form of annual appropriations. These funds would provide for: Educational support for trauma providers such as EMS/first responders, nurses and physicians. This fund would also cover data collection and oversight of performance improvement. It would provide support for rural hospitals seeking to become Level III or IV trauma centers and provide for a State Trauma Director.

The ROI

- Increased survival rates and lower cost of treatment
- An average of \$3 million/month in Medicaid money is going to out-of-state trauma care
- · Mitigation of rural trauma health disparities
- Improved disaster preparedness
- Improved triage and destination determination for higher levels of care less waste
- Improved EMS education/protocols/ supervision

For more information contact:

Dick Bartlett, Kentucky Hospital Director of Trauma Program <u>rbartlett@kyha.com</u> Dr. Rick Cales, Kentucky Trauma Advisory Committee Chair <u>rick@cales.com</u>

Rural Trauma System Funding



RURAL trauma care poses a problem that requires a SYSTEM solution

- Major injuries require life-saving treatment in the first 60 minutes (the GOLDEN HOUR).
- The majority of RURAL Kentuckians still have limited access to such lifesaving care.

The Legislature authorized the trauma system in 2008 but has **NEVER** funded it.

- Volunteers and donations have made substantial SYSTEM progress.
- The "ask" is for annual funding for state **OVERSIGHT** to coordinate current and recruit additional **RURAL** Level III/IV capabilities.
 - It is NOT intended for urban Level I and Level II facilities--or for paying ambulances, hospitals, providers, or medical bills.
 - It IS intended for RURAL system oversight, injury prevention, EMS/first responder training, and coordinating inter-hospital transfer.

The SYSTEM Return on Investment (ROI) includes --

- Improved RURAL survival rates at lower cost.
- Mitigation of **RURAL** health disparities.
- Enhanced RURAL disaster preparedness.