



**KY Trauma Advisory Committee
General Membership Meeting
June 17, 2025 @ 3 PM EST (Held virtual via Zoom)**

MINUTES

- **Opening** - The meeting was called to order by Dr. Richard Cales, Chair
- **Minutes** from the April 15, 2025 General Meeting (held via Zoom) were distributed and were posted [on-line](#). There were no additions or corrections offered, so the minutes were approved.
[Note – the KyTAC Steering Committee meeting scheduled for May 19th was canceled due to incoming severe weather.]
- **Committee Reports:**
 - **Data/Quality/Registrars** - Julia Costich reported that they have not gotten a clean 2024 trauma data set yet from ESO, but they hope to in the next few days. This will help to facilitate the development of an updated Trauma Registry Report in the future.

She also noted that they do not have an Image Trend contract yet, and it is still being reviewed by the University of Kentucky's legal staff. She can't technically work with Image Trend until this is complete, but they are hoping to have a contract in place by July 1st.
 - **Education** - Tracie Burchett
 - **ATLS Refresher Courses:**
 - **UofL Trauma Institute has a one day ATLS refresher course** planned for August 15 in 2025. They also have two traditional courses on the calendar: September 10-11; and February 12-13. For more information contact [Tracie Burchett](#).
 - **UK ATLS Courses:** (Point of contact: Amie.Peel@uky.edu)
 - July 15 – 1 day Refresher
 - Aug 12-13 – 2-day Traditional course
 - October 8 - 1 day Refresher
 - December 9-10 – 2 day Traditional course
 - **RTTDC courses** There was no information shared on potential upcoming courses at this time.
 - **Update on the [2025 Annual Trauma and Emergency Medicine Symposium](#)**. The dates are Oct 23-24 at the Galt House in Louisville. Tracie said that the program is almost built-out, but they still had a few speaker slots open. Pre-conference meetings and education will be held October 21-22
 - There were no other educational programs announced.
 - **EMS for Children Programs** - Morgan Scaggs reported that they are hoping to fin all their pending site visits by the end of the year. She has been working on the process to get site verification teams paid. With regards to continued funding, she said that there is new Notice of Award out that should continue funding to March, 2026.
 - **Outreach/Advocacy** - Nothing to report at this time.
 - **Pre-Hospital Whole Blood Working Group** – Chris Lokits, Chair of the Working Group, did an update on the **Louisville Metro EMS Whole Blood Program** that started May 1st. He
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showed a presentation (*included below*) noting that they have had 22 patients, and only two deaths. They had a 3:24 minute average transfusion time, a 87% 24-hour survival rate, and 67% were discharged from the hospital.

- **Update on Lexington Whole Blood Program** - Dr. Bernard asked Floyd Miracle, Assistant Chief from Jessamine County EMS (JCEMS), who is heading up their local coalition of providers, to update KyTAC on their progress. The system is working well, and he noted the University of Kentucky advised they were able to use every unit of blood that the participants returned to Kentucky Blood Center (KBC). So no units of blood have been wasted or expired. Four total patients have received pre-hospital blood. Three were in traumatic cardiac arrest, but one did survive long-term. It was noted that the one who survived to hospital admission was a GSW to abdomen who was given one unit of Low-titer group O whole blood (LTOWB). He went on to the OR due to a liver laceration, required hemostasis and ultimately survived to be discharged. JCEMS has developed a training video on how to fully prime large bore blood tubing to ensure no air is in the line, and that has been shared with the other services in the coalition. They have regular meetings of their working group to share lessons learned and collaborate on how to uniformly proceed. There have been other agencies reaching out asking about carrying blood, but as a group they have decided to wait in order to evaluate and refine their process a little longer, and to minimize any potential waste of blood products.
- There were no other updates from the Work Group
- **Verification** - Kim Howard noted that they have some upcoming Level-IV verifications this fall and winter, and those interested in helping should reach out to her.
- **Other items?** Nothing offered at this time.

- **Old Business**

- **KHA ED Staffing Survey Summary** – R Bartlett reported that there was a meeting in the morning with KyTAC Chair Dr. Cales, Dr. Ryan Stanton (ACEP), and medical leadership from the ARH system, to discuss ED and rural trauma center staffing.

Dr. Bart Francis, who is involved with the medical leadership of ARH's twelve emergency departments in Kentucky, told the group it has become difficult to recruit for rural emergency departments, and if they *can* find a physician they often don't stay long.

He and Dr. Maria Braman, ARH's Chief Medical Officer, shared that they have some advanced policies and procedures for training and credentialing the APPs they use. It requires specific educational programs, and a number of hours working in the ED with a physician who can respond if needed. Their model works well, and they offered to share their APP credentialing program information with us.

Dr. Bernard noted that the KY Chapter of COT acknowledges the challenges, and that in some cases the APPs at UK are actually helping to train trauma residents. Dr. Stanton, who is running for President Elect of ACEP, said they understand the role of the APPs, and believe that they should function under the supervision of a physician. ACEP is pushing legislation to require physicians in every Emergency Department. He said it would be difficult for ACEP to agree that an ED does not need to have a physician involved. It was also noted in the discussion that Emergency Medicine is going to be a four-year residency in the future.

Having worked in trauma centers in several states, including rural Level-IVs in Kentucky, Dr. Cales agreed that it is not likely to have a "board certified" MD in all Emergency Departments.

Mr. Bartlett told the group that at a recent National Trauma Manager's (NTM) meeting there was discussion of the draft ACS COT guidelines for Level-IV trauma centers being circulated nationally for comment. The ACS representatives said that ACS has no intention of verifying Level-IVs, but they are planning on offering the guidance to states and programs looking for input on the subject.

Unfortunately, the ACS COT draft includes a proposal to allow for an APP with ATLS to serve as a trauma program medical director, which the NTM group expects ACEP will be uncomfortable with. At the national level, the NTM meeting was told that there will be a meeting in June between the two national groups. There was a specific request for ACEP and ACS COT to discuss this issue and find a

common position that both groups could agree on, then circulate that broadly to help guide states working to deal with rural ED and trauma center staffing. It was also clear from the discussion that a number of rural states are experiencing struggles recruiting and retaining physicians to staff their EDs and trauma centers; and that rural Kentucky facilities are not alone.

Mr. Bartlett also did a brief review of an ED Staffing Survey that the Kentucky Hospital Association (KHA) has been doing. As of the meeting date, only 61 hospitals had responded, and he encouraged those on the call to see if their facility had sent their survey back – and if not to get it done so we can get a fuller picture of the situation. Mr. Bartlett shared a short PowerPoint summary of some of the findings to date. Of the 61 responses to date, about 25% were trauma centers, and about 75% were just operating an ED. About 80% had at least one board certified or eligible physician onsite in the ED 24/7, but it should be noted that may not necessarily be in Emergency Medicine. Of the remaining facilities, there were a small number of facilities that had a physician in the ED 7 AM – 7 PM, some were covered on certain days of the week, and some had coverage gaps where the physician was off-site (using APP on-site coverage) but the physician was ‘on-call’ for back-up. When a physician was not in the ED, it was common for a PA, APRN, or some combination to cover. When the physician wasn’t on-site, about 86% accessed the off-site physician by telephone, and about 14% use either telephone or telehealth technology. In the comments offered with the survey, it was noted that “board certified” or “board eligible” may not imply that this was in Emergency Medicine. A number of rural EDs use locums (local physicians) who may be in family practice, Internal Medicine, or other specialties but with significant ED experience. It was also noted that given the reimbursement structure, and low patient volumes in some rural EDs - especially in small facilities located in Health Professional Shortage Areas (HPSA) - it is very difficult to keep enough MD/DO on staff for *continuous* 24/7 coverage. It was noted that if this became a requirement it might force them to reduce or eliminate access to local emergency care.

- There was no other Old Business brought up.

● **New Business**

- **‘A Machine Learning Trauma Triage Model for Critical Care Transport’** - Dr. Cales briefly discussed a [JAMA Network research study](#) (distributed in advance with the meeting notice) that described the development of a machine learning model used to identify lifesaving interventions among critically patients with trauma in the prehospital setting. The model accurately predicted several specific lifesaving procedures (eg, airway intervention and blood transfusion) that could augment prehospital triage. This could lead to some future field technology may be able to assist pre-hospital providers, and may eventually lead to a need for some field practices and protocol changes.
- **“No Kings” demonstrations** – This topic was added to create an opportunity to gather and discuss any experiences or early “lessons learned” from the 19+ demonstration sites in Kentucky, which were part of over 2,000 protests across all 50 states on Saturday, June 14th. There did not appear to be any significant findings or lessons learned.
- **Developing Potential Trauma Education Project – Video Recording Trauma Cases**
Jody Perry, RN, BSN, UK Pediatric Surgery/UK Trauma, has been gathering information from facilities and trauma programs, both in-state and around the country, which have started to record patient care provided in trauma bays for use in their Process Improvement programs, and potentially as an educational tool. There is also interest in learning how this process is done while protecting the videos and review from “discovery”. Mr. Bartlett reported that he assisted by sending the request for information out to about 56 members of the National Trauma Managers Council, and a number of programs have responded back. Apparently, this is becoming a growing practice, including places like the Mayo Clinic. Mr. Bartlett encouraged Jody Perry to consider putting together a summary of her findings and ‘Best Practices’, and working with Tracie Burchett to make a presentation on the subject at the 2025 Trauma and Emergency Medicine Symposium.
- **New KY Public Health Commissioner** – It had been announced earlier in the that day by Governor Beshear that as of July 1st Dr. John Langefeld will become the new Commissioner for Public Health, as Dr. Steven Stack moves up to become the Secretary of the Cabinet for Health and Family Services (CHFS).
- **New Business** – There was no other new business offered.

- **Next Meetings:**

- **Steering Committee** meeting (virtual): July 15, 3 PM ET
- **Next Full KyTAC Meeting** (virtual): August 19, 3 PM ET

- **Adjournment**



Dick Bartlett
KyTAC Secretary
KY State Trauma Program Director
Ky Hospital Association/KHREF
InfraGard Healthcare and Public Health Sector Chief
RBartlett@kyha.com

KyTAC Appointed Members in attendance on June 17, 2025:

Title	First Name	Last Name	Suffix	Organization	Representative for
Mr.	Richard	Bartlett (3)	MEd	KY Hospital Association	KY Hospital Association
Dr.	Andrew	Bernard	MD	UK Healthcare	UK Level-I Trauma Center
Dr.	Richard	Cales (1)	MD	Emergency Physician	At Large
Dr.	Julia	Costich (2)	JD, PhD	KIPRC	Injury Prevention Programs
Mr.	Chase	Deaton		KY TC, Incident Mgmt	KY Transportation Cabinet
Mrs.	Fayetta	Gauze	RN	Tug Valley ARH	Level-IV Trauma Centers
Dr.	Brian	Harbrecht	MD	UofL Dept. of Surgery	UofL Level-I Trauma Center
Mr.	Chris	Lokits	EMT-P	Louisville Metro EMS	KY Board of EMS
Mr.	Mike	Mixson	RN, MSN	Owensboro Health Reg. Hosp.	At-Large
Mr.	Dale	Morton	RN, MSN, EMT	Pikeville Medical Center	KY Emergency Nurses Assoc
Ms.	Morgan	Scaggs	EMT-P	KY EMS for Children Program	Pediatric Trauma
Dr.	Karan	Shah	MD		ACEP, KY Chapter
Dr.	Brian	Shouse	MD	Frankfort Reg. Medical Center	Level-III Trauma Centers
Ms.	Sandy	Tackett	RN	Pikeville Medical Center	Level-II Trauma Center

Others at the meeting:

Rachael Alter, NASEMSO
Abby Bailey, NCH, Pediatric Pandemic Network
Debbie Baker, St. Joseph London
Samantha Baker, UofL Trauma Program
Ashley Bates, TJ Reg. Health
Rebecca Beams, Ephraim McDowell JBH & Ft. Logan
Tracie Burchett, UofL Trauma Institute
H. Conley
Trish Cooper, UK Healthcare Trauma Registrar
Kari Hackney, ARH Our Lady of the Way
Shay Hall, Highlands ARH
Scott Helle, KY Office of Rural Health
Nancy Hickman
Shannon Hogan, Norton Children's Hospital
Kim Denzik Howard, UofL Hospital
Ben Hughes, UK Healthcare
Noah Jones, Baptist Health Corbin
Angela Kik, NCH Pediatric Pandemic Network
Mistry Lewis, RN, Hazard ARH
John Luttrell, P Coord., UofL Trauma Institute
Brittany Maggard, McDowell ARH
Kim Maxey, Ephraim McDowell Reg. Hospital
Renee McClure, RN, Rockcastle Hospital

Nick Nash

Jody Perry, UK Children's Hospital
Candice Reynolds, RN, UK Chandler Hospital
Ashley Ritter, TJ Samson
Lydia Tims, Frankfort Regional Hospital

Unidentified attendees on the call:

"Clabac" & "Miller"

Louisville Metro EMS Summary provided by Chris Lokits



Prehospital Snapshot: LMEMS Whole Blood Initiative

Tracking the impact of prehospital whole blood transfusion.

Take a look at Louisville Metro EMS whole blood administration by the numbers: A data-driven look at field-based whole blood delivery.

87%

24 hour survival

65%

discharged from hospital

22%

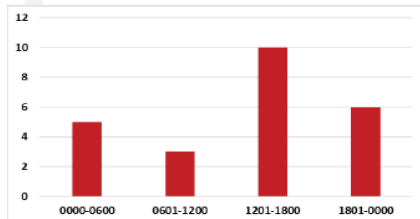
currently in ICU

2

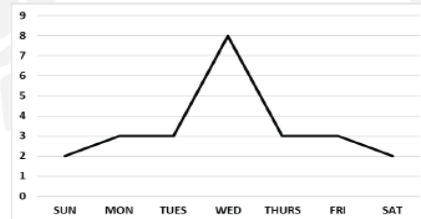
deceased after patient care initiated

Total Units Given
26
at Louisville Metro EMS

LTOWB administered by time of day



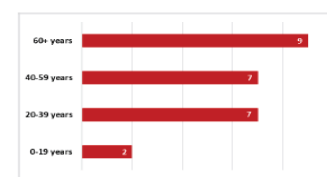
LTOWB administered by day of week



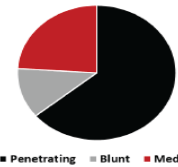
Patient Gender



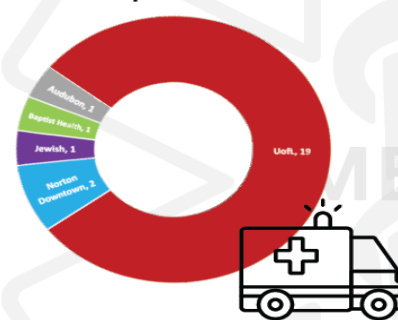
Patient Age



Injury



Transport Destination



7:32

Average Blood Response Time

13:06

Average Scene Time

13:26

Average Transport Time

3:24

Average Transfusion Time

Vascular Access

