

**KY Trauma Advisory Committee
General Membership Meeting
February 17, 2026 @ 3 PM EST**



MINUTES

- The meeting was called to order by Chair, Dr. Richard Cales. There was a quorum present. Dr. Cales extended a welcome to Ms Shannon Hogan, RN, the Trauma Program Manager at Norton Children's Hospital (replacing Dr. David Foley); and to Ms. Kim Howard, RN, the Trauma Program Manager at University of Louisville Hospital (replacing Mike Mixson as an At-Large delegate). It was also noted that we have reached out to the KY Board of Nursing for a replacement to fill a vacancy left by Jacob Higgins, RN, who left his position at UK and moved out of state.
- The Minutes from December 16, 2025, were approved as previously distributed.
[They are available for review on the KHA trauma website page.]
- **Lawrence Bequest Fund:**
 - **Community Trust Account, Recommended Investment Policy:** The Kentucky Hospital Research and Education Foundation (KHREF), which is the non-profit foundation associated with the Kentucky Hospital Association (KHA), is handling funds previously gifted to the trauma program by the Lawrence family of former KyTAC member Linda Gayheart. KHREF changed investment firms, so April Smith, KHA's Chief Financial Officer, discussed a revised *Investment Policy* from the new firm managing the Lawrence Bequest funds. Dr. Bernard moved acceptance of the proposed investment policy, and Dr. Cales seconded the motion, which passed unanimously.
 - **Request for Educational Program Support:** Mr. Bartlett explained that KHREF has asked that KyTAC approve future requests for funding from Lawrence Bequest Fund account to create a better documentation audit trail. He noted that they have received two requests for program funding. The first is for \$15,000 from the University of Kentucky trauma program to help reduce the projected overall costs of the 2026 Trauma and Emergency Medicine Symposium. UK is leading the planning committee for the Symposium, and this would allow the team to hold down registration costs for nurses and EMS staff desiring to attend; hopefully stimulating attendance. The second request was from the University of Louisville trauma program which asked for \$18,000 to help cover the costs of an AAAM AIS Coding course for up to 30 trauma registrars and managers. Dr. Bernard asked about what other kinds of programs we have been funding from this account in the past. Mr. Bartlett said that most of the previous requests have been for things like a prior AIS Coding course, and several RTTDC courses. Chris Lokits moved for approval, and Dr. Cales seconded. The expenditure was approved unanimously.
- **Committee Reports:**
 - **Data/Quality** (Julia Costich & Trish Cooper)
 - There was discussion about the Pulsara platform, and its ability to follow patients through the system. Julia Costich noted that she is not sure if the trauma data bank will be useful for this purpose given the need to protect patient confidentiality.
 - There are a number of new trauma managers and registrars across the system, and verification site surveyors have been recommending they consider taking both the ATS Trauma Registry Course, and the AIS Coding Course, to help build trauma registry understanding and improve their PI programs. It was also noted that transitions taking place across the state from various ESO eTraumaBase products, to Image Trend, have left some facilities with limited access to their historical data. While the KIPRC team is working on migration of the Kentucky Trauma Data Bank (KTDB) to Image Trend, which could eventually help solve this problem, some facilities (especially those previous using the eTraumaBase "light" version) have only been send PDF versions of their previous data by ESO which hasn't been particularly useful.

- **Education** (Molly Banta/Tracie Burchett)
 - Mr. Bartlett highlighted to the group that **Molly Banta** is now UK's Trauma Outreach and Education Coordinator, replacing Amie Peel. Her email is molly.banta@uky.edu and she is leading the 2026 Trauma and Emergency Medicine Symposium Planning Committee if there are questions or requests.
 - With regards to 2026 Trauma & Emergency Medicine Symposium (Oct 20-22 in Lexington) Planning is underway, and a "Save the Date" flyer was shared with the agenda. Registration should be available about the first week of March. Exhibitor info is also available.
 - UK HealthCare is having an **ATLS refresher course** July 22nd. They are also having an **ATLS traditional course** August 18th and 19th. Those interested in the ATLS courses can email Molly for registration forms and payment information: (molly.banta@uky.edu).
 - Ascension St. Vincent in Evansville, Level II Adult & Pediatric Trauma Centers, will be hold a **Hybrid ATLS course** April 16-17. For more information, or to register, reach out to Marie Stewart, Trauma Education Coordinator, at marie.stewart@ascension.org.
 - **Update on plans for the AIS Coding Course referenced above.** Samantha Baker indicated that they will hold the course virtually this Spring, and it will likely be held either over two days @8 hours/day; or possibly 4 evenings or days @4 hrs/day. Samantha, who is an instructor for the program, said course costs have gone up so they are thankful that KYTAC has approved supplemental funds which will keep student registration fees down to essentially the cost of the required manual.
- **EMS for Children Programs Updates** (Morgan Scaggs) Morgan indicated that trauma programs have been able to take the National Pediatric Readiness Project (NPRP) Assessment as often as they choose during their *open* assessment period in order to get their gap analysis and score. The program requires a score of 88/100 or better for confirmation of pediatric readiness. This is important when applying for Trauma Center Verification or Statewide Pediatric Readiness Recognition. The NPRP Gap Report also helps with ongoing program improvement efforts.

She noted that their KY EMS-C Pediatric Readiness Team is moving forward with site visits to ARH McDowell on March 3rd, and Owensboro Health Muhlenberg on March 13th. They are also going to be doing some site visitor team training some of the UK HealthCare staff on March 24th.

*The OPEN [PedsReady](#) Assessment Period has reportedly closed early, and the national benchmarking assessment window will begin March 3 to May 31, 2026. **All** hospital emergency departments will be asked to [take the assessment](#) during the national assessment period, and results will help establish national and state benchmarks going forward. **The 2026 assessment has been updated**, and is based on [revised joint standards](#) developed by professional societies representing emergency physicians, emergency nurses, pediatricians, and trauma surgeons. The national benchmarking assessment is done approximately every 5 years, and as noted the next one begins on March 3rd.*

Trauma programs may want to [download and print a copy](#) of the NPRP assessment first and review it with your trauma team to help prepare for the online submission. There was also a webinar reviewing the new guidelines that can be watched here: <https://learn.pedspandemicnetwork.org/course/view.php?id=150> Contact Morgan.scaggs@ky.gov if you have questions.

Pediatric Readiness Revisions. The foundation for a Pediatric Ready Emergency Department has been established by the Joint Policy Statement from AAP, ENA, and ACEP, titled *Pediatric Readiness in the Emergency Department*. See the links below for the policy statement, technical report, and updated checklist.

- **Policy Statement** - [Pediatric Readiness in the Emergency Department: Policy Statement | Pediatrics | American Academy of Pediatrics](#)
- **Technical Report** - [Pediatric Readiness in the Emergency Department: Technical Report | Pediatrics | American Academy of Pediatrics](#)
- **Supplemental Checklist** - [pediatrics.2025075318supplementarydata.pdf](#)
- The American Academy of Pediatric published copies of the update in the [Journal Pediatrics](#) in February, 2026; it is also in the [Journal of Emergency Nursing](#); and the [Journal of the American College of Surgeons](#).

- There is a “Pathways” document, ‘[The Route to Pediatric Readiness in Emergency Departments](#)’ available that is an overview of the process. The document lays out the base-line requirements for pediatric readiness.
- **Outreach/Advocacy** (R Bartlett) Discussed pending legislation before the 2026 Legislative Session related to Trauma:
 - SB 12 – Addresses medical provider coverage in Level-IV trauma centers by Advanced Practice Providers (APP) in an Emergency Department, supervised by a physician (in person or off-site) at all times. (Passed Senate; Received in House. Awaiting committee assignment.)
 - HB 107 – Related to hospitals with an Emergency Department, and would create a new requirement to have a Board eligible or certified *emergency medicine* physician on site and on duty in the ED whenever the Emergency Department is open. (Assigned to the House Health Services Committee).
 - SB 28 – Prohibiting driving while using a mobile device, and creating a \$100 fine. Fines collected will go to Traumatic Brain Injury Trust Fund, KY Trauma Care Fund, and a Veteran’s Fund.) (Passed Senate; Received in House. Awaiting committee assignment.)
 - HB 447 – Require improved EMS coverage and reimbursement for transfers & emergency services. (In House Banking Committee).
 - **Potential funding for Trauma:** Mr. Bartlett indicated that KHA had trauma system funding as one of its five legislative priorities for the 2026 Session. What he has heard so far is that there is about \$1-million per year included in some of the budget proposals targeted toward the core trauma system operational and program costs, support for Kentucky Trauma Data Bank management, state costs for verification site visits, and trauma educational programs. The original plan also included money to help support rural EMS education and training programs, but that has been dropped due to federal funding that was included in the federal Rural Health Transformation grant program.
- **Pre-Hospital Whole Blood Working Group:** Major Chris Lokits, Chair of our Pre-Hospital Whole Blood Work Group, reported that their committee has not met recently. He noted that when Louisville Metro EMS (LMEMS) got started in April, 2025, 12 units of whole blood were administered within the first 30 days. By the end of 2025 the Louisville EMS program administered 69 units of blood to 61 patients. 88% of transfused patients survived their injuries for >24 hours, and 89% were discharged from the hospital. Their program experienced only 2% product wastage. 62% of the patients had penetrating injuries, 15% were blunt trauma, and 23% were medical cases. The majority of patients were male. Average scene time is just under 12 minutes, and the average time from patient contact to blood administration was about 7 minutes 30 seconds – which has decreased about 3% since the program started. He noted that the Louisville EMS program is seeking national accreditation.

Mr. Bartlett noted that during verification site visits there have been some EMS programs that have expressed interest in working with their trauma centers to start a pre-hospital whole blood program, but start-up costs have been a concern. Major Lokits indicate that there have been some NHTSA grants available at times, and [Safe Streets and Roads for All \(SS4A\) Grants](#) have been a primary source for local and regional initiatives to fund blood administration programs. Mr. Bartlett suggested to Molly Banta at UK, that that Major Lokits, and his counterpart from Lexington area Pre-hospital Whole Blood Program, (Floyd Miracle at Jessamine County EMS) consider doing a presentation at the 2026 Trauma Symposium on lessons learned to date, protocols and procedures that are used to work with blood centers, and recommendations on how to get a program started in other areas of the state.

- **Verification Committee Updates:** Kim Howard, Chair of the Verification Committee, reported that several facilities have gone through American College of Surgeons Committee on Trauma re-verification site visits, or “correctional” follow-up visits, over the last few months. UofL Hospital, was fully reverified as a Level-I Adult trauma center. Several other facilities went through a follow-up visit and have now been re-verified by ACS COT. That includes Ephraim McDowell Danville, Level-III; UK Chandler Medical Center, Level-I Adult; and UK Golisano Children’s Hospital, Level-I Pediatric.

- **ACS VRC Recommendations Pending:**
 - CHI St. Joseph London, Potential **New** Level-III Trauma Center
 - Norton Children’s Hospital, Potential full three year Level-I Pediatric
 - Pikeville Medical Center, Potential full three year Level-II
- **Recommendations from Level-IV re-verification site visits:**
 - ARH Whitesburg, Recommend reverification for full 3-year period
 - ARH Highlands, Recommend reverification for full 3-year period
 - Deaconess Union County, Recommend reverification for full 3-year period
- **Verifications upcoming up:**
 - Harrison Memorial, Level-IV reverification (March)
 - Mercy Marcum & Wallace, Level-IV reverification (March)
 - ACS VRC – Frankfort Regional Medical Center, Level-III (May 11-12, 2026)
 - ACS VRC – Owensboro Regional Medical Center, Level-III (Follow-up May 2026)
 - ACS VRC – Ephraim McDowell Regional (Follow-up, Level-III)
- **Potential revisions to the Level-IV Designation Application:** Kim Howard and Dr. Cales indicated that they are working on a draft revision to the current Level-IV Verification/Re-verification application to clarify and somewhat simplify the form. The intent is to make some changes in the presentation of trauma and Process Improvement data in the application to make reporting of trauma cases more consistent. The current version appears to create some confusion and has caused some inconsistencies. *If trauma program managers have some recommendations on protection revisions that are asked to pass them along to Kim Howard (kim.howard@uoflhealth.org).* Since the application is official part of the Kentucky Trauma Regulations, the final version will need to go back through that formal regulation review and approval process when we are ready.
- **Verification related education:** Given the number of new trauma registrars and trauma program managers/coordinators we have encountered across the program, Ms. Howard felt that the best focus right now would be on education (see that section above.). As Level-IV’s switch trauma registry platforms, they are still learning the new Image Trend tools and reports to refine their Process Improvement programs. Dr. Cales felt that the AIS coding, and ATS Trauma Registrar courses, were good starting points for developing facilities.
- **Other committee reports?** There were no other reports offered.
- **Old Business**
 - **ACS Level-IV suggested revisions:** Mr. Bartlett indicated that the American College of Surgeons Committee on Trauma has not yet released the potential revisions to their Level-IV trauma center guidance that they were working on last year. Dr. Fallat indicated that she checked on the status of this project, and apparently the plan is to release it after their annual meeting.
 - **Any other old Business?** There was no other old business at this time.
- **New Business**
 - **Secondary undertriage of severely injury trauma patients (#ACS article):** Dr. Bernard, referencing the ACS article that can be viewed through the link below, noted that the study is showing a significant number of severely injured trauma patients “fall through the holes” of the triage system. The study showed that about 33% of severely injured trauma patients in the US are first treated in a lower level trauma center or emergency department, and about half are not transferred to a higher level of trauma center. It also highlighted increased rates of under triage in older patients. It was suggested that this might be a timely topic for presentation and discussion at the 2026 Trauma Symposium.

Rural Health Transformation program follow-up? Dr. Bernard noted that Kentucky was awarded about \$213-million dollars a year to work on various aspects of a Rural Health Transformation (RHT) program that was submitted and approved by the federal government. The Cabinet for Health and Family Services (CHFS) is the lead agency, and they have put together a stakeholder group to take the next steps. There are five focus areas to the Kentucky RHT plan, and one of them which is trauma-related is called “*From Crisis to Care: Integrated EMS & Trauma Response.*” This looks at Education and Training for EMTs and

Paramedics; EMS services potentially delivering patient care using telehealth, without hospital transport; the development of a Regional Medical Operation Coordination Centers (RMOCC); and development of a special needs tracking system, called "STARS", to share information with EMS on children who have complex medical needs. The CHFS Task Force is working on setting up their initial team meeting.

- **National Trauma Manager's Meeting, April 26-30, Kansas City, MO.** Mr. Bartlett indicated that he will be attending this meeting of state trauma program managers from across the nation, and will report back at the June KyTAC meeting.
- **Other New Business?** There was no other New Business offered.

• **Next Meetings:**

- **Steering Committee meeting** (virtual): March 17 @ 3 PM ET
- **Next Full KyTAC Meeting** (virtual): April 21, 3 PM ET

• **Adjournment**



Richard Bartlett
 KyTAC Secretary
 KY State Trauma Program Director
 InfraGard Healthcare and Public Health Sector Chief
RBartlett@kyha.com

#Link to J AM Coll Surg article:

https://journals.lww.com/journalacs/abstract/2025/12000/secondary_undertriage_of_severely_injured_trauma.6.aspx

----- Committee Member Attendance -----

KyTAC Appointed Members in attendance on February 17, 2026

| 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 Chandler Hospital | Level-I Adult Trauma Cntr |
| 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. |
| Dr. | Mary | Fallat | MD | Norton Children's/KY EMS-C | KY Bd of Medical Licensure. |
| Ms. | Shannon | Hogan | RN | Norton Children's Hospital | Level-I Pediatric Trauma Cntr |
| Ms. | Kim | Howard | RN | University of Louisville Trauma | At-Large |
| Mr. | Chris | Lokits | EMT-P | Louisville Metro EMS | KY Board of EMS |
| Ms. | Morgan | Scaggs | EMT-P | KY EMS for Children Program | Pediatric Trauma |
| Dr. | Bryan | Shouse | MD | Frankfort Reg. Medical Center | Level-III Trauma Center |
| Dr. | Ryan | Stanton | MD | Central Emergency Physicians | KY Medical Association |
| Ms. | Sandy | Tackett | RN | Pikeville Medical Center | Level-II Trauma Center |
| Mr. | Andrew | Yunt | | KY Dept. for Public Health | Public Health Commissioner |

Note: (1)=KyTAC Chair; (2)=KyTAC Vice Chair; (3)=KyTAC Secretary

KyTAC Appointed Members absent on February 17, 2026

| Title | First Name | Last Name | Suffix | Organization | Representative for |
|-------|------------|-----------|--------|--------------------------------|--------------------------|
| Dr. | Tony | Decker | MD | Owensboro Health Reg. Hospital | ACS, KY Chapter COT |
| Dr. | Brian | Harbrecht | MD | UofL Dept. of Surgery | Level-I AdultTrauma Cntr |
| | | (Vacant) | | | KY Board of Nursing |
| Ms. | Fayetta | Gauze | RN | Tug Valley ARH Hospital | Level-IV Trauma Centers |
| Mr. | Dale | Morton | RN | Pikeville Medical Center | KY Emerg. Nurses Assoc. |
| Dr. | Karan | Shah | MD | Physician Care Coord. Consult. | ACEP, KY Chapter |

Others identified appearing on the meeting call:

Shelly Alvey, Deaconess Union Co. Hospital
Abby Bailey, Norton Children, KPEP
Debbie Baker, RN, CHI St. Joseph, London
Samantha Baker, UofL Trauma Program
Molly Banta, UK HealthCare
Rebecca Beams, Ephraim McDowell Health
Michelle Broers, UofL Burn Program Manager
Trish Cooper, UK HealthCare, Trauma Registrar
Aubren Espinosa, UK HealthCare
Shay Hall, RN, Highlands Reg. Medical Center
Scott Helle, Center for Rural Health
Ben Hughes, RN, UK HealthCare
Sandra Hutton
Noah Jones, RN, Baptist Health Corbin
Amy Lambert, UK HealthCare
Misty Lewis, Hazard ARH Hospital
John Luttrell, UofL Trauma and Burn PI Coord.
Kim Maxey, Ephraim McDowell Reg. Med. Center
Renee McClure, RN, Rockcastle Hospital
R. Morton
Sara Patterson, RN, Ephraim McDowell Medical Center
Paula Rader
Candice Reynolds, RN, UK HealthCare
Alissa Richey, RN, UK Golisano Children's Hospital
Ashley Ritter, TJ Regional Health
Robin Shelton
Lydia Tims, Frankfort Reg. Med. Center
Debbie Walters, Barbourville ARH Hospital

(There were also several others on the call only identified by log-in abbreviations or phone number.)