Minutes
KY Trauma Advisory Committee Meeting
May 15, 2012, 3:00 PM EDT

Attendance (Appointed Members)
Richard Bartlett, KHA
Andrew Bernard, MD, KY ACS COT
Mary Fallat, MD, Pediatric Trauma
Sandy Tackett, RN, Pikeville Medical Center
Brian Harbrecht, MD, University Hospital
Bari Lee Mattingly, RN, UK Trauma Center
Tricia Okeson, KDPH Commissioner's Office
Morgan Skaggs, KBEMS/EMSC
Carol Wright, RN, Taylor Regional Hospital

Opening and Welcome by Dr. Bernard, KyTAC Chair.

Report from ***Annual EMSC Meeting*** by Morgan Scaggs, KY EMSC Coordinator.

National Association of State EMS Officials (NASEMSO) and the national EMS for Children (EMSC) annual program meeting was in Baltimore. One of the performance measures for EMSC is a medical recognition system. The majority of the states which have accomplished this have done it on a "voluntary" basis (not legislative). There are a number of program models available, and the KY EMSC program will be looking at these to see if there is one that may be best suited for this state. Dr. Scott Day from UK' pediatric critical care program is now on the state EMSC Committee, and attended the EMSC portion of the program. He will be working on this project.

Another program they have been doing is a project that looked at pediatric equipment for hospitals which participated in their survey. To date there have been 26 requests totally a little over $38,000. They have made distribute over $14,000 to 9 hospitals, and 4 more went out today for a little over $5,000. So, the program is helping to fill identified gaps in pediatric equipment.

Dr. Fallat asked her to provide feedback on the number of hospitals who responded to the survey, and provided information on pediatric readiness. Final survey tally was 101 facilities. The equipment portion had the best responds with 70 hospitals. There was a lot of help from the Presidents of the Kentucky Hospital Association, Kosair Children's Hospital, and Kentucky Children's Hospital which sent out a joint letter of appeal to complete the survey. There is a section in the survey that dealt with policies and procedures, and only about 14 responded to those questions. Dr. Fallat was disappointed that there are still 31 hospitals who have not responded despite of cajoling and personal letters. EMSC is considering one more push through the Chief Nursing Officers. She is surprised about some of the facilities which have not responded.

Dr. Bernard felt that there are two logical reasons why a facility would not respond: 1.) They don't know the answer to the questions; or 2.) They don't want anyone to know the answer to the questions. Dr. Fallat indicated that they have offered several times to send people to help them gather the information. Her thought is that the perhaps the appropriate people are not getting the request; and that's why the CNO at Kosair offered to make a personal request (CNO to CNO). Mr. Bartlett noted that the initial notifications were sent out to the CEO, CNO and the ED manager. The

most recent effort was from the CEOs of KHA, and the two Children's Hospitals. Mr. Bartlett expressed the opinion that it is worth making a final effort through the CNOs.

Morgan indicated the majority of the request have been for hardware like fluid warmers, pediatric immobilization devices, CO2 monitoring, hypothermia thermometers, Doppler monitors, and pediatric sized tubes. California leads the way with a weighted survey, and there will likely be a effort to do it in Kentucky. The facility can input its information, and get immediate feedback (based on weighted information) that compares them to similar patient volumes on a scale or 1 to 100. This should give a national view on pediatric readiness. Kentucky is looking at how they may be able to integrate what they have into that system, or even provide some feedback.

Dr. Fallat also noted that the national ambulance ***Minimum Essential Equipment*** list is in the process of being revised. This is a joint project of the American College Surgeons Committee on Trauma (ACS COT), the American College of Emergency Physicians (ACEP), and the National Association of EMS Physicians (NAEMSP). ACS COT is the lead. The CURRENT version (2009) is available on the ACEP website for review (http://www.acep.org/clinical---practice-management/equipment-for-ambulances/). [A review of all three websites does not indicate a place to provide feedback.] They are looking for evidence-based articles or studies to support change, but ***Dr. Fallat is willing to accept input and feed that back from Kentucky.***

Discussion - ***Indiana Triage and Transport Rule*** (attachment sent). Dr. Bernard said that he like what he has seen, and it is not that different from what we have in our documents. Dr. Fallat indicated that they are trying to get it passed through their legislative rule making process. It is based on the CDC algorithm. Based on the very rural nature of much of Indiana they have proposed some time limits for transport to a Level-I or –II center. Essentially, if patients meet the criteria in Steps 1 and 2 they are transported directly to a trauma center if they are within 45 minutes of transport time; otherwise they go to the closed hospital based on EMS medical direction. If they meet criteria in Steps 3 or 4 then EMS has a choice of transport to the closest hospital or the trauma center. If a patient didn't meet the CDC criteria, but the EMS personnel felt it was appropriate, they still had the option of transporting to a trauma center. Dr. Fallat has been asked for feedback from KyTAC to make sure we didn't have any concerns, and to let us know how it might impact on our trauma centers. Dr. Harbrecht asked if they considered helicopters in their 45 minute recommendations. Dr. Fallat wasn't sure, but she felt that it was probably factored in. Dr. J (Pikeville) felt that this could be a problem in rural areas where EMS might be tempted to take them to a little hospital with limited medical capability, rather than to a higher level trauma center that has greater capability. Some small ED are not as well prepared to take care of a serious patient as the back of an ambulance, and if a trauma center is just a little further than 45 minutes that might be better for a patient than forcing them to the lesser prepared facility – then having to arrange for another transfer could add another delay to getting the critical patient to a trauma center.

Update on **Good Samaritan Program** Projects

Bowling Green and Paducah Seminars went extremely well. There was a high level of interest, and the feedback was good.

The final session was changed to a webinar from 10 AM to Noon, and anyone can attend. Sign-up is being handled on KY.TRAIN.

Bike/ATV Helmet Programs

These were intended to be injury prevention programs sponsored through the Good Samaritan grant. They are intended to be local projects through local trauma centers. It is hoped that they will build the image of the local trauma center as a key part of the healthcare system, bolster the injury prevention centers of the new trauma centers, and inject some cash into them to help get it started – and ultimately prevent some injuries.

Pikeville Medical Center - Sandy Tackett reported. They had their program May 4th, and it went well. Two EMS services participated, and donated items (one donated bikes, and the other some coloring books). They had a small elementary school participate (35 students), and all the kids got helmets. They were given lessons, and pamphlets were sent home. She told them that if they wore their helmets, and it became broken, they could bring it back to their teacher and Pikeville RMC would replace it. Sandy is going back in the fall to take a survey to see how many of the kids wore their helmets over the summer. They had four bikes to give away, and one homeless child (living in a shelter) got a bike.

James B. Haggin – Lydia Russell. Their helmet program is scheduled for June 14th. They are doing it at the community library. They have done it there before.

Fort Logan - Paula Ledford. She is getting some help from the UK Injury Prevention Program. They are going to do it as part of the county fair in July. She is preparing to order her helmets now.

Frankfort Regional - Charlotte O'Neal was not on the call but sent in a report that the hospital received their check to support the program, and has a planning meeting scheduled for May 30th with the ED, EMS, and other community partners. The date for our event is July 28th from 9AM to 1PM at FRMC.

Livingston County - Robin Leidecker. They had their fair, and do regular wellness days. They are going to buy as many ATV helmets as they can, and raffle them at next year's school event.

Marcum & Wallace - Janet Smith - No report, but Mr. Bartlett indicated that the hospital and EMS are going to be doing a joint community health program at Natural Bridge State Park. He suspected that this will be tied into that event. Mr. Bartlett has pushed out some information on that, and will redo that push.

Dr. Bernard talked about a very good Distracted Driver Education video on the Eastern Association for the Surgery of Trauma (EAST.ORG) website that was done by high school students as part of a community outreach injury prevention program (http://www.east.org/news-and-events/news-details/31). It runs about five minutes, and is on *You Tube*. It had a very strong impact in that high school, and will give a trauma center some ideas about what could be done do at their facility.

Regulations (Dick Bartlett) reported that the regulations went through a review in front of the Legislative Research Commission's Administrative Regulation Review Subcommittee (ARRS) on April 11. This is essentially the last major hurdle, and there were minor revisions made between the Cabinet and LRC. A meeting extract showing the titles is attached. There is a final step in front of the Joint Health and

Welfare Committee, probably in June, but that is essentially a formality at this point. The process is that once ARRS has reviewed the documents, and sends them to H&W, they are officially in effect 30 days from when they are sent (May 2nd). So on June 1st they become official (which is before the committee date). In a letter being prepared to me from Commissioner Davis, he says that essentially "We are open for business!" Based on guidance from Dr. Davis' office Mr. Bartlett said that he has sent an email to both Fort Logan and James B. Haggin asking for a very basic letter of intent (complying with the first step in the new regulations). Additional information on how to apply has also been forwarded to them, and they are beginning their applications. The PRQ document that was done separately by Marcum and Wallace, and Livingston, is now built-in to the application. That package goes back to the Commissioner's office.

The latest marked-up version of the administrative regulations has been posted on the KHA/Trauma Care System website so everyone can see where we are, and a clean version will go up after the finalization date – probably in June.

The EXISTING Level-I and Level-III facilities will be asked to pull together some information to meet the "Grandfather" requirements so that can be formally processed. Charlie Kendell is going to be working with the new Secretary for the Cabinet on arrangements for a public recognition event.

We will need to begin to assemble Verification Site Visit teams for the two Level-IV sites. Dr. Bernard has made contact with someone in Tennessee who is willing to come, but he has not done a review before. Dr. Harbrecht has also contacted someone in Ohio who is willing to come as an outside reviewer. Dr. J has done Level-I and II reviews in other states, and would be willing to help out. He will need to review the Level-IV criteria. The regulation current reads that one reviewer would come from the KyTAC, and one would not be from KyTAC to make it more impartial. Dr. Bernard said that it takes about 4-5 hours. Mr. Bartlett said that the PRQ is very similar to the Level-I, and the general process follows the same core steps.

- June meeting is canceled, next meeting is currently scheduled for **July 17, 2012 @ 3 PM**; August we will take off; then back on September 18.

Meeting adjourned.

Extract from KY Administrative Register, May 1, 2012
Proceedings of the Administrative Regulation Review Subcommittee

CABINET FOR HEALTH AND FAMILY SERVICES: Department for Public Health: Division of Epidemiology and Health Planning: Trauma System

902 KAR 28:010. Definitions for 902 KAR Chapter 28. Richard Bartlett, emergency preparedness specialist, and Charles Kendell, chief of staff, represented the division.

In response to a question by Co-Chair Bowen, Mr. Kendell stated that these administrative regulations did not relate to the Certificate of Need process. This was a voluntary program for hospitals that wanted to be designated as trauma centers.

Representative Lee stated that a trauma center designation would increase the reimbursement rates for indigent care to 100 percent of the costs of that care.

A motion was made and seconded to approve the following amendments: to amend the TITLE; the NECESSITY, FUNCTION, AND CONFORMITY paragraph; and Section 1 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

902 KAR 28:020. Kentucky Trauma System Designation Process.

A motion was made and seconded to approve the following amendments: (1) to amend Sections 1 and 6 to: (a) specify that the criteria for a facility seeking designation as a Level I, II, or III trauma center is established by the American College of Surgeons Verification Review Committee; (b) specify the application forms that shall be completed by a facility seeking designation; and (c) incorporate those items by reference; and (2) to amend the TITLE; the NECESSITY, FUNCTION, AND CONFORMITY paragraph; and Sections 1 through 6 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

902 KAR 28:030. Kentucky's Trauma System Level IV Criteria.

A motion was made and seconded to approve the following amendments: to amend the TITLE; the NECESSITY, FUNCTION, AND CONFORMITY paragraph; and Sections 1 through 6, and the material incorporated by reference to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

902 KAR 28:040. Kentucky's Trauma System Registry.

A motion was made and seconded to approve the following amendments: (1) to amend the TITLE; the NECESSITY, FUNCTION, AND CONFORMITY paragraph; and Sections 1 and 2 to comply with the drafting and formatting requirements of KRS Chapter 13A; and (2) to create a new Section 3 to incorporate by reference the national trauma data standards established by the National Trauma Data Bank. Without objection, and with agreement of the agency, the amendments were approved.

902 KAR 28:050. Kentucky's Trauma System Appeals Process.

A motion was made and seconded to approve the following amendments: (1) to amend Section 1 to specify: (a) when an appeal may be filed; and (b) that each appeal shall be conducted in accordance with KRS Chapter 13B; and (2) to amend the TITLE; the NECESSITY, FUNCTION, AND CONFORMITY paragraph; and Section 1 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.

902 KAR 28:060. Kentucky Trauma System fees.

A motion was made and seconded to approve the following amendments: (1) to amend the STATUTORY AUTHORITY paragraph to correct a citation; and (2) to amend the TITLE; the NECESSITY, FUNCTION, AND CONFORMITY paragraph; and Sections 1 through 3 to comply with the drafting and formatting requirements of KRS Chapter 13A. Without objection, and with agreement of the agency, the amendments were approved.