



# KENTUCKY HOSPITAL RESEARCH AND EDUCATION FOUNDATION

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## Minutes of the **Kentucky Trauma Advisory Committee**

KY Cabinet for Health and Family Services  
Kentucky Department for Public Health  
May 21, 2013, 3:00 PM EDT  
Video Teleconference Room 1803822

### Appointed members:

Mr. Richard Bartlett, KY Hospital Association  
Dr. Andrew Bernard, KY Chapter of ACS COT (UK Trauma Service)  
Dr. Richard Cales, At Large (ED practice group)  
Dr. Julia Costich, Injury Prevention Programs (KIPRC)  
Mrs. Linda Gayheart, At-Large  
Ms. Bari Lee Mattingly, UK Chandler Medical Center Level-I Trauma Center  
Mrs. Tricia Okeson, KDPH Commissioner's Office  
Mrs. Charlotte O'Neal, Emergency Nurses Association (Frankfort Regional Medical Center)  
Mr. Shane Ratliff, KY Transportation Cabinet  
Mrs. Susan Starling, Level-IV Trauma Center (Marcum & Wallace)  
Mrs. Carol Wright, Level-III Trauma Center

### Appointed members not on the call:

Dr. William Barnes, KMA (Livingston County Hospital) (Out of town)  
Dr. Mary Fallat, Pediatric Trauma (Kosair Children's) (Out of town)  
Dr. Brian Harbrecht, UofL Hospital Level-I Trauma Center  
Mr. Michael Poynter, KBEMS  
Dr. Daniel O'Brien, KY Chapter, ACEP  
Dr. Russell Travis, KBML

### Guests:

Daniel Durham, Air Evac Lifeteam  
Donnell Gordon, Owensboro Medical Center  
Melissa Hounshell, UK Public Relations Office  
Paula Ledford, Ephraim McDowell Ft. Logan  
Robin Leidecker, Livingston County Hospital  
Morgan Scaggs, KY EMS-C, KBEMS  
Janet Smith, Marcum & Wallace Hospital  
Rita Tabor, Medical Center Scottsville

Strategic Planning: The meeting opened with a review of the Strategic Planning Workshop that was held at UK on April 22, 2013. Dr. Bernard went over a PowerPoint presentation (attached) that highlighted the key points.

Good Samaritan Foundation: Linda Gayheart reported informally that the Foundation has apparently granted our request for an extension on use of the remaining \$9,519 as seed money for a public education program. We have not received a formal letter yet, but assume that it will be in hand shortly.

By-Laws: Julia Costich has been working on a first draft of some By-Laws for KyTAC. Dr. Bernard and Dick Bartlett have been reviewing them, and a final draft will be circulated to the Executive

Committee in the near future. Once that group has reviewed the document, it will be pushed out to the entire KyTAC for review.

KY Board of EMS Moving: Morgan Scaggs, sitting in for Michael Poynter, indicated that KBEMS will be moving in mid-June to a new office that sits on New Circle Road and Winchester Road. They will be sharing an office with the Kentucky Fire Commission, but each group remains independent, though both still administratively will continue reporting to the Kentucky Community and Technical College System (KCTCS).

EMS-C & the National Pediatric Readiness Survey: Mrs. Scaggs reported that thanks to a lot of help from Kentucky Public Health, the Kentucky Hospital Association, and a number of other partners, Kentucky is now at an amazing 92.4% response on this national survey. This is the first pediatric benchmark survey on emergency department staffing, equipment, policies and procedures. The facility gets a score, and can get comparison information on how they stack-up against other similar facilities in Kentucky and the nation. It provides a roadmap for future quality improvement, and gives them access to tools for future development of their programs. It also gives the hospital a one year subscription to on-line software that will help with decision making in this area.

Morgan also noted that as the result of some of the early returns, the EMS-C program has helped fund 33 hospitals to fill identified equipment gaps. The information from this survey will be used as the basis for work over the next four years.

In terms of other program development, the ASPR Hospital Preparedness Program has added an emphasis on pediatric emergency preparedness going forward. Mr. Bartlett indicated that next week Morgan will be meeting with Brad Learn, the HPP Lead with the KY Public Health Preparedness Branch, to explore ways that the two programs can complement and enhance each other going forward.

Appointments: Tricia Okeson reported that she is waiting for an application from Dr. Nick Anderson (Bardstown) who has been nominated to represent the KY Board of Medical Licensure, and a replacement nomination from the Kentucky Medical Association. KMA had originally nominated Dr. Gruber from Paducah, but changing duties forced him to withdraw. When all the nomination applications are received Mrs. Okeson will forward the package to the Commissioner for approval. Dr. Jason Smith has been nominated to represent the Kentucky Chapter of ACS COT, and Laryn Mertz (Ephraim McDowell) has been nominated to represent Level-III Trauma Centers. Dr. Bernard will rotate off the KyTAC when he is replaced.

Data: Carol Wright reported for Trish Cooper. All the data dictionary items have been compiled and forwarded to CDM. They are working on a document to send to DI that will lead to an interface with those using that software.

The next meeting of the Trauma Registrars will be on September 11, 2013, from 10 AM to 2 PM, on the first day of the Kentucky Trauma Symposium in Louisville. They are looking for a potential sponsor for a working lunch at the meeting.

Dashboard: Julia has been working on some dashboard displays for trauma data. In partnership with the UK College of Engineering, they have done some maps of the Kentucky Trauma System. The first map (attached) shows travel times to the existing designated trauma centers. The second map shows projected travel times to the trauma related facilities that can provide definitive surgical intervention. Note that this map includes Pikeville Medical Center and Frankfort Regional Medical Center, both of whom are working towards designation.

After the meeting we got a version of this same type of map from Indiana showing their primary trauma hospitals and travel time. That is also attached.

Ky Transportation: Shane Ratliff reported that as of the date of the meeting, there have been 71 less fatal accidents on Kentucky highways than in 2012. Historically, about 66% of occupants were killed without seat belts. They are hoping that seat belt use will reach 90% by the end of the year. There is now a national "Click it or Ticket" campaign in progress, and it goes through June 1st. They also target programs for the major holidays. Labor Day will have a drunk driving enforcement program called "Over the Limit; Under Arrest".

Frankfort Regional Medical Center: Charlotte O'Neal reported that they had a survey team in from the ACS COT, it went very well. They should have final word in about 8 weeks (about mid-July), and will make a public announcement at that time.

EMS-C: Morgan Scaggs reported that as of the date of the meeting they were at 92.4% for the National Pediatric Readiness Survey. This was a very significant improvement, and is a credit to all the people who have pitched in to help get these numbers up. She is also going to be meeting with Brad Learn from the Kentucky Public Health Preparedness Branch to explore ways that the programs can work more closely on preparedness programs. The HHS ASPR Hospital Preparedness Program is now including an emphasis on pediatric emergency preparedness.

Trauma Public Education: Dr. Bernard spoke with Melissa Hounshell from the University of Kentucky Public Relations office to get some ideas on promoting the trauma program. Coming out of the Strategic Planning meeting, the goal would be to educate the public and legislators. He expressed the opinion that to get to the next level the program will need some "durable money". Themes were mention, such as "Right Patient, Right Care, Right Time"; "Right Patient, Right Place, Right Care, Right Time"; "Real Life Trauma: It Happens Every Day!" Perhaps develop some posters using Kentucky people and places.

The UK team suggested a combination of posters, flyers, and direct mailings. Targeted banner ads in selected media may also be useful. News releases and pitching stories at the media is a "no cost" way to get some attention. The Frankfort Regional Medical Center designation was mentioned as an opportunity to get this out in front of the public again this summer.

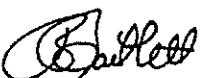
There was some preliminary discussion on how to tie this to potential legislation. This will be continued at future meetings, and a possible discussion with legislative supporters of the trauma system. The general discussion was that the primary needs of the program at this point are stable funding for the Kentucky Trauma Register and a the analyst to manage/report on the data, a full-time Trauma Coordinator, funds to support continuing education and public education.

Adjournment: There being no further business, the meeting was adjourned.

The next meeting is June 18, 2013, at 3 PM EDT.

We will skip the regularly scheduled July 16th meeting date, and plan on having the August 20th meeting as scheduled.

Respectfully submitted,



Richard Bartlett  
Secretary, KyTAC

Emergency Preparedness/Trauma Coordinator  
KY Hospital Association

KY Trauma Advisory Committee  
Strategic Planning Meeting  
April 22, 2013

**Vision**

*Right Patient, Right Care, Right Time*

## Mission

*Provide a comprehensive, coordinated accessible trauma care system, striving for optimal prevention, management and mitigation of injury in the Commonwealth of Kentucky.*

## Values

- Inclusive (starting with EMS, first responders through all levels of care)
- Accessible
- Optimal
- Cost-efficient
- Evidence based
- Quality
- Expeditious – timely
- Performance improvement
- Collaborative
- Consistent (standardization)
- Professional
- Reliable
- Equitable
- Funded

## Strengths

- Leadership
- TAC
- Existing Trauma Centers
- Legislation
- Funding from outside sources
- State Registry
- Air system -Air ambulance availability
- CDM
- RTTDC
- Statewide registrar meeting
- Current participants
- Inclusiveness
- Hospital Association supportive
- State Public Health supportive -with limits
- Have several hospitals, interested in working on future TC designation
- Level II and III on board
- Committed people
- Adequate representation on TAC
- Non-competitive facilities
- Database
- Statute
- Regulations
- KHA support
- Optimal care of patients – some level of TC in state
- Modular educational programs
- KBEMS has regulatory power over EMS
- Tele-medicine and tele-health availability
- Bring Dr. Bernard's expertise out to a rural hospital – promising futures

## Weaknesses

- Funding
- Public perception
- Perception of injury
- Perception of trauma centers
- Opponents
- Not all on the same data system
- Geographic distribution
- Funding inadequate law without funding
- Need regional support
- MD buy-in
- EMS systems in some areas
- EMS reluctant to transport to TC
- Shortage of burn beds and burn training
- Rural EMS agencies poorly funded
- Database doesn't capture non-verified centers
- TAC has no executive power
- Education deficit (clinical trauma knowledge)
- Challenging geography
- Opponents
- Perception of trauma centers
- Lack of specialists in rural facilities
- Law with no \$
- Limited number of burn beds
- Poor understanding by some hospitals, healthcare providers and the public and the benefits of TC system
- Research
- Trauma coordinator meetings and medical director meeting together
- EMS turnover
- Lack of funding
- Public education
- Transportation coordination
- Physician. RN education
- Inadequate participation
- Time for outreach statewide

## Opportunities

- Opportunity to suggest legislation
- Need for more facilities and increase in level (1 – 4) of care
- Consolidation of HC system
- Opportunity for development
- Partnerships with other groups
- TAC could function better
- Learning from other states
- Inclusive – everyone to level III or IV
- Consolidation of HC systems
- Opportunity to develop more facilities and care levels
- Inclusive – everyone to a least III or IV
- Injury prevention
- TC designation causes hospital improvement
- TC designation causes community improvement
- Team development and training assistance
- Consider state standards for III and IV
- Developing level II in SE KY
- State EMS participation
- EMS part of QI process with TC
- Grand funding
- Partner with other groups
- TAC could function better
- Learning from other states
- Geography (optimize local resources)
- General assembly funding
- Reimbursement for participation in state system
- Work with KBEMS to optimize role of the EMS in the system
- Improved data collection
- State funding
- State registry
- RTTDC
- Education of legislature
- Outreach statewide
- Scorecard
- Development of statewide med director and coordinator meeting
- Prevention education

## Threats

- Lack of access
- Funding – sequester and ACA
- Consolidation of HC systems
- The system is impotent – the climate of healthcare
- Competition between providers
- Political system
- ACS- expensive and may be impediment
- System appears to be impotent and stalled
- Don't have statewide FT TC position or office
- EMS in some areas not providing run reports on reliable basis
- Public perception no money
- Financial implications of participation
- Uncertainties brought forth by health reform
- Decreased resources
- Lack of long term planning
- Competition between facilities/agencies
- Opponents
- Shrinking revenues

## Strategic Initiatives

1. Achieve state general funding using TAC, trauma centers, EMS, KHA and the legislation.
2. Educate legislators, public and providers about the value and relevance of the trauma system.
3. Enhance EMS engagement in the System, and enhance EMS relevance as defined by role, purpose and identity.
4. Support hospital initiatives to achieve trauma reimbursement.
5. Use state trauma data to provide a dashboard for legislature and public, enhanced by personal stories.

## Strategic Initiatives

1. **Funding**  
State General funding (TAC, EMS, TC's, legislature, KIPRC)  
Possible use of \$4000 from GSF – ask for additional funding
2. **Education – legislature, medical professionals, public, marketing and messaging, with partners**  
Data registry – scorecard  
Dashboard for legislators, personal stories
3. **Enhance EMS engagement (make sure first responders know the results of their efforts)**  
EMS identity  
This patient and this team are responsible for this life (this could be part of the personal stories)

Meetings for trauma coordinators and medical directors  
Utilize air medical

Focus on department of transportation trauma registry  
ACEP American College of Emergency Physicians

Support hospital facilities ability to receive TC reimbursement

KY EMS link to KY TC linkage – computer data programs

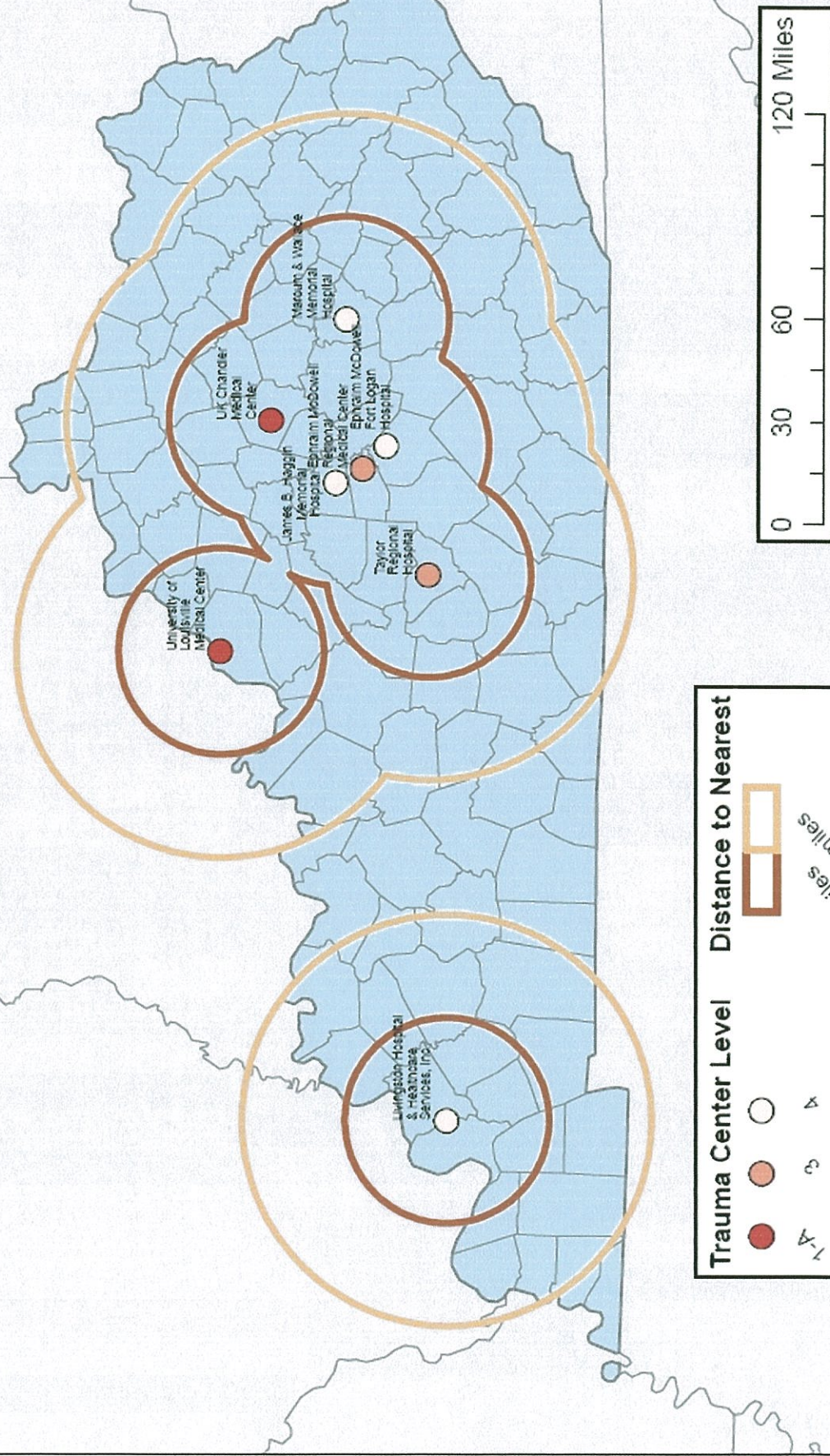
Importance of SEKY Pikeville College D.O.

Several facilities are only 11 – 18 months to level III and IV status

Look at TN model for level II standards



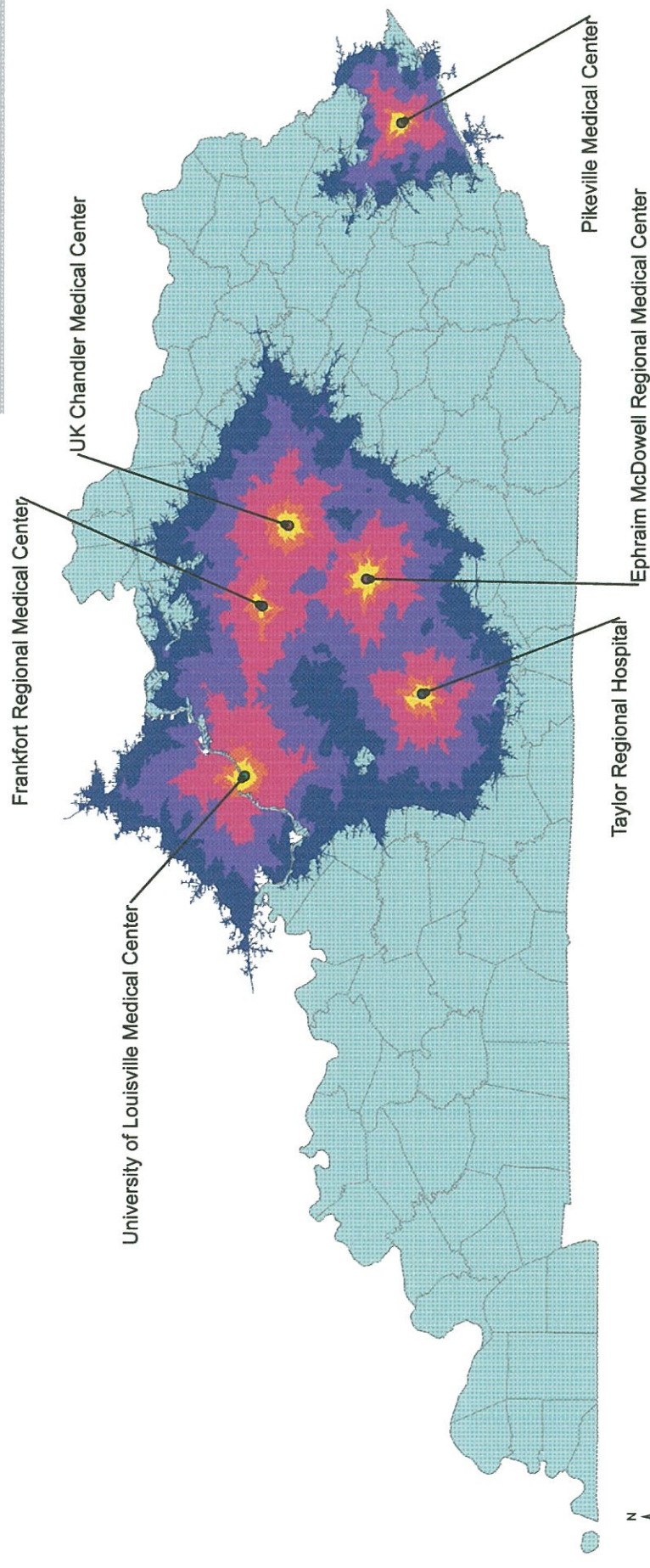
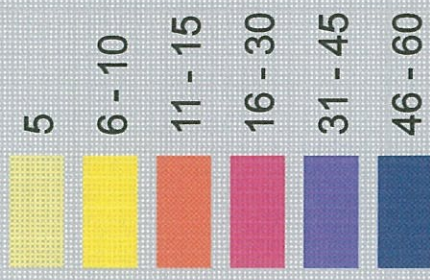
# Distance to Kentucky Trauma Centers






# Six Trauma Centers in Kentucky Travel Time Contours in Minutes

Trauma Center Drive Times  
(Minutes)







# Indiana Trauma Center Access: Areas Within a 45-Minute Drive

 45-Minute Accessible Trauma Center

**45-Minute Accessible Areas**

 Traveling at Posted Speed

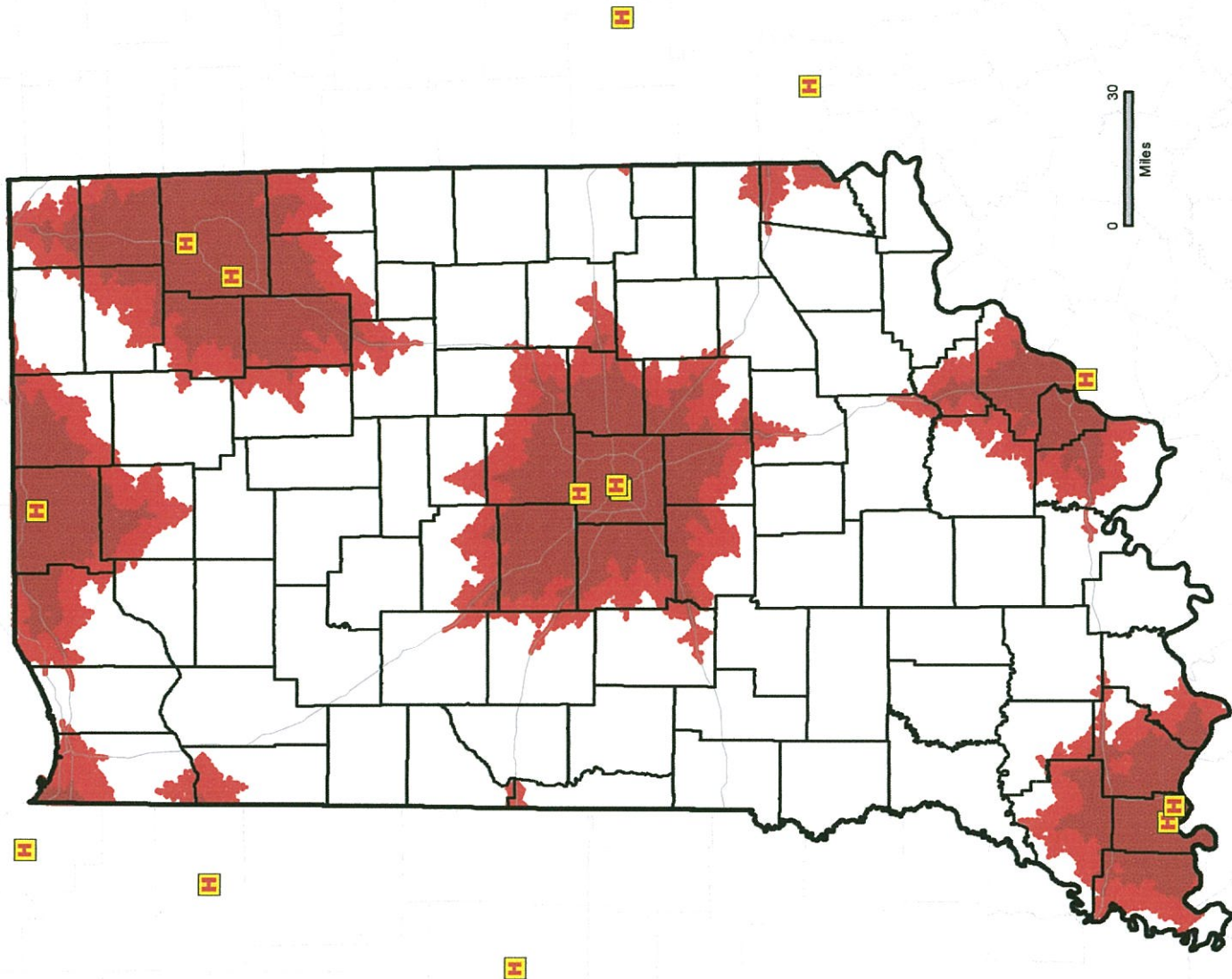
 High Traffic Simulation:  
Traveling < 10 mph posted speed

|             | 45-Minute Coverage<br>(at posted speed) |               | State<br>Total      |
|-------------|---|---------------|---------------------|
|             | n                                       | % of<br>state |                     |
| Land Area   | 8,838<br>sq mi                          | <b>24%</b>    | 36,397<br>sq mi     |
| Population  | 3,785,460<br>people                     | <b>58%</b>    | 6,483,802<br>people |
| Interstates | 1,129<br>miles                          | <b>70%</b>    | 1,614<br>miles      |

Travel times are calculated with 2010 Indiana street network reference data published by Esri. Portions of travel times for out-of-state roadways are estimated using Google Maps. Travel times do not take into account current traffic volume or restrictions. Populations are calculated from the 2010 U.S. Census Block summary geography. The method used to determine the population within 45 minutes should be considered a conservative estimate. Interstate mileage is an estimate and does not include the new I-69.



Indiana State  
Department of Health



## KTAC Legislative Effort 2013

## KTAC Legislative Effort 2013

- Begin now.
- Go to the original sponsor (DeWeese and Marzian?)
- Get with House leadership ASAP because the budget originates there.
- Budget will be written by Democrats
  - Gregg Stumbo and Rocky Adkins
  - Rep. Rick Rand is the budget chair for the House (Oldham, Trimble, Carroll, Henry counties).

TAC Mtg 5-21-13

## KY Farm Bureau Proposal

|  |  |           |           |
|--|--|-----------|-----------|
| State-housed web portal and software   | This is the cost estimate from the vendor for a web portal housed at KIPRC and a copy of TraumaBase that could be used to report all participating facilities' data  | 40000     | 28000     |
| TraumaLite Web-Entry for Level 4s (5 yr 1, 5 yr 2 plus service on Initial 5) | The TraumaLite software is used by Level 4 facilities to enter data via the web portal. The price estimate covers 5 facilities in year 1 and an additional 5 in year 2.  | 10500     | 13500     |
| KIPRC staff assisting L4s and collecting non-verified facilities' basic data | KIPRC staff would provide logistical support for the newly participating facilities. KIPRC staff would also establish and maintain a mechanism for non-participating facilities to report basic data.          | 18000     | 18720     |
| Additional KIPRC staff time for and ED data integration/mgt                  | and emergency department data are essential to provide a complete picture of statewide trauma care. Integration of these data sets with the trauma registry data will require programming and systems support. | 20000     | 18000     |
| Trauma registry reporting  | KIPRC cost for ongoing analysis and reporting annually and on request.   | 31200     | 32448     |
| Rent, office expenses  | This cost covers rental for one KIPRC office and expenses such as Internet connections, phones and office supplies   | 3520      | 3696      |
| Total Data Costs   |  | 123220    | 114364    |
| <b>Trauma Provider and Facility Education</b>                                |  |           |           |
| <b>Education</b>   |  |           |           |
| RTTDC Courses (6 per year-6 hospitals, 120 staff)                            |  | \$18,000  | \$18,000  |
| TNCC Courses (6 per year, 180 nurses)  |  | \$18,000  | \$18,000  |
| PHTLS Courses (8, 240 EMT's and paramedics)                                  |  | \$24,000  | \$24,000  |
| <b>Development</b>   |  |           |           |
|  | Level 4 Consultations (3)  |           | \$15,000  |
| Trauma Center Consultation Visits (Occur prior to verification)              | Level 3 Consultations (2)  | \$0       | \$30,000  |
| <b>Media/Injury Prevention</b>   |  |           |           |
| <b>Media</b>   |  |           |           |
| Injury Prevention  |  | \$60,000  | \$40,000  |
| Total Costs  |  | \$243,220 | \$259,364 |