

Kentucky Cabinet for Health and Family Services
Department for Public Health
Kentucky Trauma Advisory Committee
(Teleconference) December 16, 2008, 3 PM ET
MINUTES

Committee Members Present:

Dr. William Barnes, KMA	Linda Gayheart, At large
Richard Bartlett, KHA	Chuck Geveden, KY Transportation Cab.
Dr. Andrew Bernard, ACS KY COT	Tricia Okeson, for Commissioner Hacker
Dr. Mary Fallat, At large	Dr. Earl Motzer, Hospital/Trauma Center
Terence Farrell, Hospital/Trauma Center	Charles O'Neal, KBEMS
Dr. Glen Franklin, UofL Trauma Center	Charlotte O'Neal, ENA
Lisa Fryman, UK Trauma Center	Carol Wright, Taylor Regional Trauma Center

Committee Members Absent:

Sharon Mercer, KBN	Dr. Russell Travis, KBML
Dr. Chris Pund, ACEP (Out of town)	

Guests Present:

Leslie Hall, ARH Hazard	Mike Singleton, KIPRC
Dr. Brian Harbrecht, UofL Trauma Service	Steve Sparrow, KIPRC/KSPAN
John Isfort, Marcum and Wallace Hospital	Janet Smith, Marcum and Wallace Hospital
Ron Jackson, Estill Co EMS	Jane Trautwein.MD

Meeting was called to order at 3 PM by Chair Dr. Bernard.

Minutes were distributed by email. Dr. Bernard thanked Mr. Bartlett for his work crafting the activities of the group. There were no changes. There was a motion made by Lisa Fryman to accept the minutes, which was seconded by Linda Gayheart. They were approved on a voice vote without objection.

Verification

Dr. Bernard reported that the sub-committee has been busy, and has a final draft of the Level-IV criteria (which was distributed by email). They felt there needed to be more detailed framework to go around the verification and application process, so they went to the Minnesota Trauma System web site. This is a fairly well defined system, and it appears to be structured a lot like the direction KyTAC is headed. They have a Trauma Hospital Reference Manual available on-line, and it has been downloaded and liberally modified to create a draft Kentucky version. Carol Wright drafted some language on the verification visit process which was incorporated into a reference document Minnesota developed. This draft document has been distributed by email, and will be reviewed at the next Verification sub-committee meeting. (No date set at this time.)

Trauma Manual document comments: Dr. Motzer had two suggestions for consideration:

- Physicians doing the verification should not have a relationship with the hospitals.
- Ref Level-IV, when a hospital makes a decision that they are going on diversion, there is nothing in there that requires the ED staff to notify the administrator.

The other thing that they have been working on is the January 6, 2009, Verification Conference. Speakers are again reminded that they need to be on time and in attendance. They need to

keep to the allotted time if we are to complete on schedule. Dr. Bernard would appreciate those who can stay for the follow-up session on the Level-IV draft standards. That will begin at 5 PM.

John Isfort reported on what hospitals appear to be showing an interest, and what their level of activity is. John took the original document he created of interested facilities and has added the new facilities that have signed-up for the Verification Conference. There are about 32 facilities which have expressed some level of interest. The details are still a little incomplete, and they still need some contact info. He will update it after the January 6th conference. John has also created a map which visually shows where the interest is.

It was noted that we will need to have the presenter's PowerPoints by Jan 2 so we can get them consolidated, post them for download on line, and use them to create the webinar version of the program.

Mr. O'Neal (KBEMS) and Mr. Bartlett (KHA) will handle the materials for the scheduled break.

Data

Mike Singleton reported for Julia Costich. Mike is working on a one-page flow chart, which will include about 15 items. Dr. Bernard admitted that this is the piece of the system he knows the least about. With that in mind he suggested to Julia Costich that the committee create a one-page summary or flow chart which shows how we handle the data. That would potentially include:

- What type of systems the hospitals should get;
- How we are going to manage and collect statewide data;
- How we can potentially create a trauma dashboard - a current profile of the trauma system.
 - For example, for the month of September, how many people were injured, how many went to a trauma center, how many were referred, how many went out of state, etc. Who they are, what is happening to them, and how we are caring for them?
- How this feeds a good Process Improvement program.

Dr. Franklin thought that would be a good idea, but he noted that it would be difficult to get data better than 90 days out. He would love to see it at least semi-annually. It would also be good to get a report at the KyTAC meetings which highlight the trends and data coming in.

- There was a question about trying to find a way to reduce the data collection software costs, especially for the smaller hospitals. Ideas discussed including a process whereby a Level-IV or III trauma center might be able to enter data into the up-stream Level-II or I data registry without incurring a full license fee;
- The potential of having a vendor managed data entry point into the Kentucky Trauma Registry; and
- A look at, or discussion with, Minnesota about their on-line trauma registry approach. It was suggested that perhaps Kentucky could license and brand the MN system as our own.

Letter to the Governor

Dr. Bernard discussed a letter that Dr. Fallat has been working on with Linda Gayheart. In that she has noted the advancements in the short time the group has been in place, and the challenges that need help. Here is an extract:

Advances in trauma care in Kentucky cited:

- Establishment of the KyTAC, which has met four times and organized into 4 working groups: education, protocols, data, and trauma center verification. In addition to the KyTAC meetings, these working committees have met several times.
- Drafted criteria for verification of Level IV Trauma Centers. These criteria will eventually be promulgated as regulations through the Cabinet for Health and Family Services. We anticipate using criteria already in place through the American College of Surgeons for verification of Levels I, II and III. A Verification Conference is being sponsored by KYTAC on January 6, 2009, to provide information to those hospitals who are interested in becoming a trauma center.
- Identified preliminary training requirements for everyone in the trauma care system, including first responders, EMS, doctors, nurses, and others. Began exploring development of additional training opportunities.
- Began looking at performance Improvement and Protocol development for coordinated care and transfer of patients, and began identifying steps that will need to be taken to put these in place, from EMS through Level I facilities.
- Identified trauma data systems currently being used and began looking at ways to ensure that all appropriate data is gathered and analyzed consistently.

"...we have identified the following budget needs that we submit to you for your consideration."

- Kentucky Trauma Coordinator (R.N.) – estimated at \$75,000 plus fringe benefits
- Part time FTE for administrative support (approximately \$30,000)
- Funding to continue operation of the Kentucky Trauma Registry – estimated at \$148,500 for the first year and \$84,500 annually to support on-going operations and support activities

There was a question about the costs associated with housing and supporting the people identified in the requested budget. Tricia indicated that housing them may not be a problem, but they have not had a discussion about other costs. Charlie O'Neal expressed concern about the potential of being given what you want, and then not having the resources to do anything with them.

Education

Carol Wright said that they have been emailing each other. They are working on a survey to the people who have signed-up to get an idea of where they are starting from. Steve Sparrow has a web-based program to create the survey tool. It has been emailed to some of the participants. Mr. Bartlett will send the KY.TRAIN registration form list to Carol for follow-up since it has everyone's email address.

Questions in the survey will focus on getting information from their local EMS providers to document their training status and needs.

Protocols

Charlie O'Neal has been on the ACS website to get information about the EMS role in a trauma system. He intends to email that to the EMS services. He is also trying to get some of the medical partners to come to the table to talk about appropriate utilization of aero medical services. With twenty-three different services operating in KY getting a meeting time is difficult. He is shooting for the second week of January. He would like to get the aero medical partners involved early so there is better buy-in.

Dr. Bernard asked John Isfort at what point can we go ED to ED to get them to flow out how they currently decide when and where patients are transferred? Is it written down anywhere? How do we get everyone to do RTTDC across the state? How long do they spend in a facility now before being referred to a higher level of facility and care?

Essentially, where are we today; how close are we to perhaps having consensus, then have the committee look at perhaps a one-page flow chart that summarizes recommendations going forward.

There was discussion about how to develop this, and there was thought that the initial need is for education, and that will lead to understanding. Getting the doctors and nurses involved, and then having them educate the CEO's, will potentially create a better chance of success. Dr. Motzer's analogy was "learn to crawl before you walk, and then learn to walk before you run."

It was suggested that there be multiple levels of materials used, to include written follow-up documents from the verification workshop. Charlie also talked about building on the RTTDC training that Level-IV centers have to create a model that can be replicated.

There was a discussion about getting more general information out about the trauma system, and what is going on in the system. Mr. Bartlett has done a briefing document for Linda Gayheart that hits the high points. He will push that out. There was discussion about the desirability of having a press release on the January 6th Verification Conference, and telling the general story about the creation of the KyTAC and the system. Dr. Motzer and Barnes suggested that it be spun a round the impact on patients. Linda Gayheart will follow-up with Tricia Okeson, who will discuss it with their press relations office on Wednesday.

Process Improvement

Dr. Bernard asked the group about the formation of a PI Committee. Terrence Farrell asked why not leave that with the Data Sub-Committee? Dr. Bernard noted that it usually involves taking the data, and interacting with the medical part of the hospitals system - which can sometimes be difficult. It might also involve looking at processes, and perhaps changes in technology. This will probably require a clinician to oversee it.

Mr. Bartlett discussed the potential of linking with the new Kentucky PSO [*the Kentucky Institute for Patient Safety and Quality will be federally designated by the Secretary of Health and Human Services as a Patient Safety Organization (PSO)*]. Nancy Galvagni, Senior Vice President for KHA, is the acting Executive Director. Every hospital in KY is going to be asked to participate, and they will have peer-review protection due to the structure of the PSO. These are being developed across the nation in response to new CMS regulations. Since this is a very new concept, the group did not have a good idea of what the PSO is all about, so Mr. Bartlett indicated that he will forward the PSO press release with the minutes.

Dr. Bernard has suggested Dr. Harbrecht, as the Trauma Director of a Level-I center. He is willing to have his name consider, but he isn't sure how the process would go forward. Carol Wright, Lisa Fryman, Ben Hughes, John Isfort and Dr. Harbrecht were mentioned as members. The decision on who will be chair is being deferred.

Follow-up Items

Linda will work on press release from the Governor's Office.

Funding for the Future

Dr. Bernard suggested that Dr. Motzer made a suggestion on having a group that can look at future funding sources. He appointed Dr. Motzer, and asked for other volunteers.

Web Site

There is a need for a system website. KHA has offered to do that as part of their website redesign. Here is the link to the prototype Trauma System page. We just put the workshop info on there for now. The site should go live in the next week. Note that the IP address numbers shown will be replaced with the kyha.com domain once it goes live.

<http://216.253.109.200/home/kentucky-trauma-care-system/>

The next meeting will be the third Tuesday in January (January 20th) at 3 PM.

There was no further business, and the meeting was adjourned at 4:20 PM.

Respectfully submitted,



Richard Bartlett
Emergency Preparedness/Trauma Coordinator
KY Hospital Association