

**Advisory Committee on Trauma  
Topeka & Shawnee County Library  
February 13, 2008**

**Attending:** Dr. Paul Harrison, Cathy Heikes, Chris Way, Kristine Hill, Dr. Pamela Steinle, Dr. Stephen Smith, Pam Kemp, Dan Leong, Roger John, Dr. James Longabaugh, Robert Waller, Debra Pile, Dr. Scott Sellers, Robert Prewitt, Eric Cook-Wiens, Dr. Dennis Allin, Darlene Whitlock, Kerry McCue, Terry Siek. Melissa Hungerford, Gloria Vermie, Rosanne Rutkowski, Jeanette Shipley, Dan Robinson

**Absent:** Senator Susan Wagle, Senator David Haley, Representative Geraldine Flaharty, Representative Brenda Landwehr, Dr. Craig Concannon, Kim Nutting, Dennis Mauk

**Visitors:** Chris Tilden, Lois Towster.

Dr. Harrison called the meeting to order 10:10 am. The November's ACT meeting minutes were approved without changes.

**Kansas Trauma Program Update**

**Rosanne Rutkowski**

Rosanne Rutkowski provided the update. Two new staff members have been hired and introduced at the meeting. Jeanette Shipley, is the new Regional Trauma Coordinator, and Dan Robinson, is the new trauma program administrative assistant. As previously discussed, regional trauma council support has been transitioned from KFMC to KDHE. Kelly Hennessee will be with KDHE for the next 60 days to help with the transition from KFMC to KDHE. Four hospitals have been state designated as of today's date. The hospitals are Overland Park Regional Medical Center, Stormont Vail Healthcare, University of Kansas Hospital and Via Christi Regional Medical Center. Five hospitals have indicated a desire to become Level III Trauma Centers and have completed an initial ACS Consultation visit as they work towards that goal. The hospitals are Hays Medical Center, Hutchinson Hospital, Mt. Carmel Hospital, Labette Regional Medical Center, and Coffeyville Regional Medical Center. There was not a Level III application received from the NE Region. Dan Murray indicated that St. Francis is interested in pursuing Level III verification and is working with his administrative staff to complete an application. Stormont Vail's grant application to serve as the fiscal agent for NEKRTC has been approved. KDHE has not received a fiscal agent application from the southwest or the north central regions. Hutchinson Hospital submitted a fiscal agent application for south central and was approved. Three applications were received from the southeast from Mt. Carmel, Labette, and Coffeyville. Mt. Carmel was approved as the southeast fiscal agent. An ACT subcommittee conference call was held with the in January to discuss a statewide ACS BIS assessment in August. The BIS facilitators will arrive on Sunday, work Monday and Tuesday and present BIS assessment analysis on Tuesday afternoon. Rosanne shared the 1<sup>st</sup> Kansas

Trauma program annual report (2007). The goal is to develop an annual trauma report each year. Dan Robinson will develop a quarterly newsletter with regional updates. The quarterly newsletter will be available on-line. Trauma transfer phone cards are now available. The state program is paying for these cards and regional trauma councils will pay for regional transfer cards. The NE currently has a regional transfer card available and the SE is currently working on developing a regional transfer card. The Kansas Hospital Association has nine remaining ATLS scholarships available through KHROP funding. The scholarships are \$1000.00 each and doctors can attend a class anywhere. For more information contact Debbie Hall at KHA at 785-276-3120. Rosanne reminded everyone that if they have upcoming trauma education classes, to please send the information to us to put on the trauma website. Rosanne asked if the new method of distributing the ACT packets before the meetings was well received. It was generally agreed that the new method was more efficient. Despite minor issues with receiving the packets, the method will be continued.

### **Kansas Medical Society (KMS) Task Force Update**

**Dr. Paul Harrison**

The KMS convened a task force to develop an overall abstract of the ACEP Report Card, the IOM Report, and the 2007 Kansas NHTSA Assessment. Kansas received an overall score of "C" and the ACEP Report Card. Several health disciplines are participating in the task force. The task force is projected to meet bi-monthly and from the abstract make recommendations on how Kansas can improve the ACEP score. Looking at the report the major deficiency was due to the lack of a residency training program in Kansas. There is the opportunity for formal training, but Kansas is not offering it. KU in Wichita might open a program for residency training in 2009. Dr. Smith believes that there should be more than enough interest for emergency medicine in the current pool of students and the number would probably need to be capped.

### **KHA REPORT**

**Dan Leong**

Dan Leong advised the last ACS consultation was in Hays. Hays had a great ACS visit and review. Both Rosanne and Dan have accompanied the ACS on each ACS consult in Kansas. Dan expressed that the criteria for the hospitals to reach the designation is a lot of hard work, and the ACT needs to keep up with the trauma advocacy. Dan especially noted that administrators need to be educated on the financial benefits of having a trauma program.

Rosanne brought up that during the past consultations most hospitals were cited for the lack of performance improvement. Rosanne expressed that this issue will need direct attention. Even with the citations, Dan Leong commented that the trauma programs are running strong in spite of sharp attrition.

Rosanne mentioned that the hospitals who are trauma centers stated it was worth the money for the programs, and that it was a positive experience.

Terry Siek talked about surveying with the ACS for level I or II, and how he enjoyed the whole experience. There was talk about some hospitals having trepidation at the start of thought of the ACS consultation. Dr. Smith commented

that this is normal for centers going through the initial process. Melissa Hungerford suggested that hospitals who have already gone through the process could talk with prospective hospitals and share with them valuable information on the entire ACS consolation process by having the trauma coordinators talk once a month over a conference call.

Darlene Whitlock shared that there is an upcoming Trauma Nurse Summit and suggested that trauma coordinators attend.

### **EMSystem Update**

**Dan Leong**

Dan referenced the "Monthly Status Assessment Report for January 2008" handout in ACT material packet. Dan's goal is to provide a quarterly report to the regions and ACT. With regional trauma plans, this will help with quality assurance/improvement. Report indicates status type: if hospital is closed, on diversion, or out of service. Darlene Whitlock also voiced that this will help with quality assurance, and informed everyone that on August 31 a drill with the EMSystem will occur. Dan encouraged everyone to utilize the EMSystem so that everyone is well prepared for the drill. Rosanne reminded everyone that during last year's legislative session, legislatures accused the Trauma program of not monitoring the hours hospitals were closed. This was also a failure on the ACEP report. Rosanne talked about how the regional reports have shown that EMSystem data is not accurate information. To help with information accuracy Dan suggested having monthly webinar training sessions plus face to face training. Dan Leong will speak at the NW general membership meeting on May 6<sup>th</sup> in Hays.

### **FLEX Update & Policy Institute Meeting**

**Gloria Vermie**

Gloria shared her successes from her trip to Washington D.C. the last week of January with Chris Tilden and Jody Schmitt of Hays. They met with Senator Pat Roberts. He presented on the 2<sup>nd</sup> day of their visit. Gloria advised that the Senator has done Kansas proud. They talked about how the Hope Bill (SB1605) affects all of health care. The Bill is currently in committee and is in need of additional support. They visited the Hill many times and made contact with each of Kansas Congressmen and their aids, who were well informed and engaged about the FLEX programs. Gloria shared that she had about 25 minutes with each Congressman and she felt that this was the best visit she has had. While Gloria was in D.C., she handed each representative she spoke with a Kansas Trauma Program CD, which was well received by all.

The 2008 Flex Grant Guidance has been released. Both Trauma and EMS items will be incorporated in the Flex grant.

### **EMS Medical Director Training**

**Gloria Vermie**

Gloria has convened a committee to develop an EMS Medical Director Training/Workshop. Progress is slow. The project needs time so everyone is well informed. The process will be developed in three components: survey,

group meeting, mentorship and online training. Dr. Hornung, Dr. Young, and Dr. Longabaugh are actively participating in the process. Gloria advised that the EMS Medical Director training will dovetail nicely with the KMS Task Force. EMS Medical Director training was also referenced in the ACEP report card.

## **COMMITTEE REPORTS:**

### **Trauma Center Grants**

**Gloria Vermie**

The trauma center grant review is looking to add funding for one Level III in all regions. The funding is for the Level III programs to develop and maintain its infrastructure. Each Level III will receive \$100,000.00. There are two requirements of the grant application: a designated fiscal agent and a designated trauma coordinator. Funding has been forwarded to regional trauma councils to help in the aid in the effort of designating at least one Level III Trauma Center and develop infrastructure within their respective regions. There were three applicants from the SE region. Mt. Carmel was chosen and funded out of SE as the fiscal agent. Stormont-Vail is the fiscal officer for NE. There were questions on whether the trauma coordinator position could be a half time position, and it was agreed that it could be. There were no applicants from the NC. Beloit Hospital is interested as the NC fiscal agent. Clay County Hospital is also interested. Salina is unable to participate at this time due to physician issues. Hutchinson Hospital is approved as the fiscal agent for the SC. SW area has proven to be a difficult area. CFO's CEO's have been approached about the process; however, the problem appears to be SW's fiscal situation. Garden City advised that they will not have a decision until the end of February. Dr. Harrison and Dr. Smith visited with Garden City Hospital administrators. The fiscal situation is a concern for Garden City. Garden City wants to do what's best for their community, but they are not convinced if they fiscally can accomplish a Level III without outside funding. There is not currently a fiscal agent in the SW. Bob Prewitt also has met with Garden City Hospital administrators during this process. Dr Harrison suggested that Hays or others who had been through the ACS consultation process talk to them about their experiences, it might help.

### **FLEX Funding**

**Gloria Vermie**

There are three options got FLEX funding: Level IV designation, ACS consultation visit, or a state self assessment. The ACS consultation is \$80,000 and the self assessment, a HRSA developed process with 115 indicators, is \$15,000 that involves a day and half process. BIS Process would lead into state plan which is 10 years old. There will be three facilitators including Dr. Rotunda (ACS expert on state process). Rosanne suggested that since the BIS assessment is in August around the ACT meeting that the meeting be replaced with the BIS assessment. They would come on Sunday, start process on Monday, and then finish on Tuesday. The dates are still being negotiated. Dr. Smith suggested that we have ACT meeting in afternoon when they leave so topics are fresh. It will be the ACT that works with the BIS team on self assessment. The group penciled the dates August 18 & 19 for BIS team. Later

discussion indicated that ACT members found that the previous dates might not work for everyone and suggested August 25<sup>th</sup> and 26<sup>th</sup>. The dates will be negotiated. The ACT meeting for August 20<sup>th</sup> has been canceled. ACT needs to be available on the Monday morning of the BIS assessment to start the process. The BIS assessment is based on the public health model. So far, the biggest weakness that Kansas might face is in insurance. Other issues with the BIS assessment: the question of having an EMS and Trauma medical director, along with the Trauma medical director authority. A data linked data system is another issue. Melissa Hungerford suggested that Rosanne access the BIS questions early and forwarded to the correct disciplines in preparation, so the ACT is well prepared during the assessment.

## **Lunch**

### **Drunk Driving Prevention Video**

### **Liberal High School Students**

Students from Liberal High School in Greely County developed a drunken driving video to show students within their school the repercussions of driving drunk. The students intend to show the video prior to prom and graduation. The students did a wonderful job coordinating with local emergency medical services within their area. The video was well received by the ACT members and members. The ACT members commended the students for their initiative and highly recommended that this group of students share their video with schools through out Kansas.

### **Graduated Driver License Bill**

### **Darlene Whitlock**

Darlene Whitlock said that the ACEP reported a deficiency for no primary seat belt law. Alliance for Health Advocates had been form which is charged with advocating for health related health issues during legislature and had focused efforts on GDL. Triple AAA and KDOT funded a project that surveyed Kansas residents, teens and parents alike, on what their attitudes are regarding the GDL. Overall, it seemed the populace supported the program. Data provided to Legislature. The Kansas Department of Revenue has some issues with the Bill. Triple AAA and KDOT working with the Department of Revenue. The program is strong. Darlene commented that Vickie Schmitt supports the GDL.

### **Transfer Agreements and Guidelines**

### **Jeanette Shipley**

Jeanette Shipley talked about the EMS inter-facility agreement and guidelines. The ACS consultation is looking for interfacility transfer agreement and guidelines. Critical access hospitals are required to have interfacility transfer agreements, but have never needed to submit data. The transfer agreements would greatly increase communication between facilities. The Green Book suggests that if a service is not available at the referring facility then the facility must have a transfer agreement in place per ACS guidelines. This means every trauma center in the state would need to develop transfer agreements. A problem arises with the ACT does not have authority to have hospitals implement

the agreements. Lois Towster suggested that it might be a good idea to have a template that others can use as a sample and endorsed by the ACT. The sample could then be adopted and modified for each region's needs. It was suggested that a system wide statement policy might help. The ACS has material that could aid in developing a transfer agreement and guideline template. An issue that was discussed was finding transportation to get the transferred patient back to their home town. Insurance will not pay for the trip but hospitals can pay for it, and in the long run would be beneficial for the hospital to do so. Jeanette will work with Dan Leong and make a draft of an ACT endorsed transfer agreement for the next ACT meeting.

### **Trauma Registry Update**

**Eric Cook-Wiens**

Eric shared the technical problems that the registry has had over the past month. DI staff visited Kansas to help with technical issues. The number one priority was to get submissions. Even with the technical problems there have been over 90% submissions. With the technical problems, implementing the central site data base has been the most problematic. Data reports have suffered due to tech problems. A patch has been sent to fix central site problems. Once everything has been tested Eric will send out a report. Eric talked about establishing communication with national facility trauma bank.

### **Analysis of SC Triage Tag Linkage Project (See handout): Eric Cook-Wiens**

There were 4000 tags distributed. 1591 records submitted and 600 had valid tag numbers. There were 169 interfacility transfers records and of those 41 contained valid tag numbers. Of the 41, Eric was able to link 14 records. Eric said that it was a major success to get as many tags as they did in the report. A lot of tags have been reported to the registry but not reported by referring agencies, which causes issues in tracking patients. The linkage system needs to be crystallized through ED's because there are typos that are causing problems in the registry, example: wrong birth date typed in at the ED. The conclusion, Eric stated, was that the system will work if there is a lot of training and work. We need make contact with ED staff for training. Eric also said that a lot of tags were used but didn't get on patients that needed to be used. Pam Kemp asked if we were paying attention to other states that have tracking systems. Kris Hill answered that we know bar coding is coming but this is to start something quickly and cheaply and on a short time basis. Dr. Longabaugh said that before we spend allot of money on a registry system using bar codes, we should look into a numbering system that could be used with the registrar and not EMS or ED. The outcome of the project is that education is needed for input of tags from referring hospital. Kris Hill is going to check to see if the SCKRTC wants to continue the pilot project.

### **Kansas Board of EMS Update**

**Robert Waller**

Image Trend is the contracted vendor for the prehospital data collection project. KBEMS is currently working on the low level plan. Roll out of the project is projected for March with 30 initial EMS agencies participating. The budget for

the project is \$200,000 the first year, \$81,000 for years two and three and then a yearly maintenance cost of \$65,000.

#### Scope of Practice/EMS Agenda for the Future Update

A task force has been developed to make recommendations to the KBEMS regarding these two documents. The next task force meeting is February 27, and they will continue discussing authorized procedures of EMS techs.

#### **REGIONAL TRAUMA COUNCIL REPORTS:**

NE: See Handout

NC: See Handout

NW: See Handout

SC: See Handout

SE: See Handout

SW: See Handout

#### **Announcements**

Darlene Whitlock advertised that the Nurses Trauma Summit is scheduled for August 15<sup>th</sup>.

Next ACT meeting location was discussed. Rosanne asked the committee about the SRS Learning Center. The committee decided that it would not be an appropriate place to hold the meeting due to vending restrictions. Location to be announced at a later date.

#### **Adjournment**