

## **ACT Meeting Minutes May 16, 2007**

**Attending:** Rosanne Rutkowski, Darlene Whitlock, Robert Prewitt, Dennis Mauk, Debra Pile, Patricia Dowlin, Kristine Hill, Kendra Tinsley, Eric Cook-Wiens, Richard Morrissey, Dr. Scott Sellers, Kimberla Nutting, Kerry McCue, Cathy Heikes, Melissa Hungerford, Robert Waller, Representative Geraldine Flaharty, Dr. Paul Harrison, Chris Way, Dr. Craig Concannon, Senator David Haley

**Absent:** Dr. Stephen Smith, Pam Kemp, Roger John, Dr. Dennis Allin, Senator Susan Wagle, Representative Brenda Landwehr

**Also attending:** Dan Leong, Lois Towster, Liz Carlton, Carolyn Middendorf, Mick McCallum

Dr. Harrison called the meeting the order at 10:15 am.

Minutes from the last meeting were approved as written. [Click here for a link to the minutes of the February 14, 2007 meeting.](#)

### **Legislative Report**

Richard Morrissey provided the legislative report. From the Department standpoint the handout provided at the meeting highlights some of the significant legislation, but not all of the legislation the Department was involved in. [Click here for a link to the handout.](#) Enhancements to the Kansas Cancer Registry were originally introduced under SB178. The changes in the Cancer Bill allow greater access to the data and allow us to do more research. We are getting to the point where we will be able to make better use of that. Nothing will be released publicly which would identify individuals. The bill also established the Umbilical Cord Donation Act, which requires KDHE to publish on its website education information regarding donation of umbilical cord blood. One of the objectives is to get consumer information out to parents about the benefits.

There were several bills this year related to child care licensing. The first, SB201, allows KDHE to share criminal background check information with other organizations working with child care providing organizations. SB202 streamlines the process of adoption for children in the custody of SRS. Expanded newborn screening was amended into SB 11, that expands the number of newborn metabolic screening tests from the current 4 tests to 29 and includes a newborn hearing test. KDHE has been working for a couple of years to get funding and legislation passed.

The Primary Seat Belt Law was followed closely. This bill required occupants in a car who are at least 14 years of age but less than 18 years of age, to have a safety belt properly fastened. This bill added a new funding source for the trauma program, although no one knows an official amount. Office of Early Childhood Education was originally SB384 and then was amended into HB 2310. This bill directs the Legislative

Educational Planning Committee, in collaboration with the 2010 Commission to study and make recommendations related to early childhood education. This process will be going on in the coming year and aims to reorganize the programs across the state dealing with early childhood education. There was a proposal to develop a task force on childhood obesity that was not authorized. The KDHE has agreed to proceed with getting feedback regarding the obesity issue.

Other bills of significance include trauma funding under SB 17. KDHE received \$2million in funding to support primary care clinics, \$500K of which is allocated to developing dental hubs in the hopes of building capacity to provide access to dental care across the state. The remaining funds will be used to increase the number of primary care clinics as well as help those currently in place. \$200,000 has been funded to expand access to immunization services. Discussions continue on ways to improve immunization rates around the state.

### **Program Update**

Rosanne provided the committee with the trauma program update. Due to construction going on at the Kansas Medical Society building, the meeting location for the next year and a half will be changed to another location. We will notify everyone of the location for the next meeting. The Trauma Registry contract is with the vendor and it is expected to be signed. The contract includes licenses for the web and local version, training and support. The registry contract continues to be renewed on a yearly basis.

A committee needs to be appointed to review the regional trauma plans that will be submitted July 1<sup>st</sup>. The subcommittee members previously included: Dennis Allin (chair), Patricia Dowlin, Debra Pile, Darlene Whitlock, Melissa Hungerford, Dennis Mauk and Cathy Heikes. Patricia Dowlin responded that she would need to be replaced as her appointment to the ACT expires in July. The other members in attendance agreed to reserve.

There are 8 appointments to the advisory committee whose terms are expiring this year. Two organizations (KHA and NE RTC ) have submitted their list of nominees to the Governor's office and are awaiting a response as these positions are currently vacant. Those currently serving in positions whose terms expire this year will continue to serve until a new appointment is made. Prior federal trauma funding required as a condition of funding that a pediatric representative be appointed to the committee. Debra Pile as a representative for KSNA serves as the pediatric representative.

Kansas Rural Health Options Project (KRHOP) funding has been received again this year and has become a very popular program with 40 applications submitted prior to the May 18<sup>th</sup> deadline. Rosanne wanted to thank the regions and Kendra for all the hard work in making the funding and training happen.

Rosanne stated she would like to produce an annual report. She would like to get the information out to the public, in a format of approximately four pages that will outline

our priorities and also show personal stories where the trauma system has had a positive impact. Rosanne asked for recommendations of people we might share their stories. The Trauma Program has distributed 700 DVDs at regional trauma meetings. The Secretary of KDHE included a copy of the DVD as part of his monthly mailing sent all legislators.

Federal trauma legislation was signed into law and a copy of the bill was provided in the meeting packet. [Click here for a link to a copy of the legislation.](#) \$12million was outlined in the bill, but at this point we are not sure if any money has been appropriated. One point of interest is the focus on rural health facilities. Participants would still be required to do a 2 to 1 match

Dr. Harrison inquired if it would be valuable to be on their list if future funds become available. Dick responded that we want to stay connected to whatever is going on at the national level and we want to be involved in policy discussion. Rosanne concluded that we are in a better position than in the past. It was reported that KDOT received their federal grant to support traffic records coordination and development of a data warehouse. Activities of the trauma registry has been included as part of grant performance measures.

### **Status of Trauma Regulations**

Rosanne also provided an updated on the status of the trauma regulations. They have been approved by the Department of Administration and have moved on to the Attorney General's (AG) office for their review. Of the six regulations, two have already been approved and the AG's office has provided a list of issues that need to be addressed. It was the intent of this committee to adopt by reference the new ACS "green book". Among the issues that need to be addressed is that the AG's office has asked we review the contents of the "green book" and include only that information which is relevant to verification. The example provided by the reviewer in the AG's office was that Chapter 1 appeared to be more information than regulatory. Dr. Harrison stated that if those deficiencies are taken care of elsewhere he didn't see why the committee wouldn't agree to that change. Everyone agreed that would be acceptable.

The AG's office also wanted assurance in the regulations that KDHE would not charge more than our actual costs for the designation visits. The third comment received from the AG's office related to prohibiting facilities from using the term "trauma center." Rosanne has another meeting with KDHE's legal staff on Friday. Once the changes have been made and the Department of Administration agrees then a notice will be put out for the hearing. A hearing officer has been arranged to hear comments.

In drafting the regulations Rosanne reported that a title change was required to the criteria document for Level III facilities. To make it consistent with the language in the regulations the title of the document was changed to include "For Level III trauma centers" and to change the date of the document to "April 6, 2007"

## **ACS Consultation Project Update**

Dan Leong provided an update on the ACS consultation project. There are 6 hospitals interested in obtaining Level III verification including, St. Francis Topeka, Hutchinson, Coffeyville, Hays, Mt. Carmel and Parsons. KHA & KDHE sponsored a workshop to help those hospitals prepare for a consultation visit. Dr Smith facilitated the discussion with input from other members of the ACT including Dr. Harrison, Kris Hill and Darlene Whitlock. Hospitals were told to expect deficiencies in their consultation visit but to give themselves one year to work on those. After which they will go through the ACS verification, which will serve as basis for state designation. The Pre-Review Questionnaire (PRQ) must be submitted 30 days before consultation. Molly Lazado is working with hospitals on the PRQ. Kansas has requested those reviewers providing the consultation have experience with rural trauma systems. The visits should be completed by the end of August.

Dr. Harrison added that we want any facility with the resources to be a Level III trauma center to proceed with the consultation visit. We would like to use any unobligated funding from this contract to be utilized for an ACS state consultation. In discussions with the ACS, it's our assumption that the contract can be changed to include this service. Dr. Harrison continued that we are in a place where the system would benefit from the state visit. There are certain things we know are lacking, but we can take an objective report to legislators and administrators.

## **Hospital Preparedness Grant**

Dick Morrissey discussed with the committee how the hospital preparedness grants have changed. Currently there is no guidance out on the preparedness grants. Without grant guidelines, there is lots of speculation as to how the grants will be administered. One speculation is that the feds will set aside a percentage for competitive grants to trauma centers. Historically, states have varied on how they have utilized the grant funds. Kansas tends to lean toward regionalization and has focused on regional development. Regionalization didn't happen in all of the other states. In that process, a whole variety of different models have formed. In reviewing the act, there is uncertainty on whether it would allow more than one grant per region. We do know that grant applications will need to be developed with the state or jurisdictional authority buy in. If Kansas didn't have any of the trauma based centers apply, or if the government didn't let them apply, part of the consequence is Kansas would not receive that percentage of the set aside funds. This may create some difficult choices. There is thought by some that the money should go to the east/west coast because rural areas are less of a risk.

Dan Leong, KHA added he has heard a lot of speculation of whether trauma centers have to be designated to receive the funds. Melissa proposed that state grants and system grants could be submitted together, rather than having them competing. Additionally, Dan said KHA has been at meetings where they have heard the feds want money going to rural areas.

Dr. Harrison discussed that at national trauma meetings there has been discussion of this money being wasted on small hospitals. The money is going to develop surge capacity and Melissa noted that if Pratt didn't have that surge capacity the situation in Greensburg would have had been much different. Kerry McCue noted that when he was in Washington, DC, in April, there was discussion that the funds should go towards Wichita and Kansas City. Kerry said that attitude is a problem within our own state. Dick concluded that as soon as the state receives the grant guidance they will get it distributed.

### **Trauma Activation Fee Overview**

Lois Towster provided the group with information about the trauma activation fee. The 068X revenue code is a way to recoup expenses related to providing trauma center services. As early as five years ago, trauma centers could bill using the 068X code. The code was established as the insurance industry recognized there are costs associated with providing trauma services. The five types of patient admissions include: urgent, emergent, elective, newborn and "trauma". To use this code and be reimbursed at the trauma rate you need to: 1) have a process for pre-arrival notification, 2) be a verified or state designated trauma center, 3) have a process for trauma activation. Use of the 068X codes helps a trauma center facilitate tracking profit and loss.

Lois reported that facilities can carve out costs related to trauma care with managed care contracts. They don't take the same discounts, so they get negotiate higher reimbursements.

Liz Carlton added that she gave a presentation at Coffeyville that she would be happy to share. Dr. Harrison reported he attended a presentation where one facility reported that after they implemented the trauma coding they were able to show a significant increase in their revenue. If we are asking hospitals to become a Level III Trauma Center, they need to be aware of the benefits.

### **Board of EMS report**

Robert Waller reported that he will be working with NHTSA to coordinate an assessment of the Kansas EMS and Trauma system the week of the July 15 – 21. As part of the assessment Robert will be scheduling 2-4 subject matter experts to provide a briefing for each topic area. Once Robert is informed of the topic areas, he will get the information out.

The prehospital data collection committee met yesterday, after a 4-5 month hiatus. One of the next steps after the RFI is to schedule a vendor fair.

In reference to the insurance bill, there was a meeting held with the insurance commissioner to discuss reimbursements for EMS who transport to the most appropriate facility rather than just the closest. There was not enough data to support the argument and BEMS was asked to go back and gather more information and address the bill next

year. There is some information but not overwhelming evidence. The BEMS has been asked to track the information and to take to the insurance commissioner.

Chris Way spoke about the process hospitals go through each year with Medicare when describing what services they have. He stated that while hospitals may have access to, for instance, a pulmonologist, it may only be once a month and thus a reimbursement is denied when a patient is transferred elsewhere. Or, in his case, Joplin is 59 miles away and because Joplin offers cardiac services they are only reimbursed for 59 miles. Robert Prewitt added that in his area there are three hospitals that have orthopedics but not all in the same focus area. Dr. Harrison stated that if we have a trauma system that says this type of injury needs to go to this type of facility many of these problems would be solved.

### **Greensburg Tornado**

Darlene wanted to be sure to compliment EMS service providers and the MERGe project for their role in providing emergency care after the Greensburg tornado. Robert Waller added that he couldn't be more proud to be associated with the gentlemen here and all the positive feedback he'd heard about their services. Kerry McCue said they were just a few of the many responders; and Robert Prewitt said there was no way to describe how small their role was and that the whole response was amazing.

Moreover, Dick said the Department received nothing but positive feedback on the speed and professionalism of the EMS. Retrospectively, the concern is getting the system better oriented. Chris said every patient through EMS got a trauma tag but some decided not to go through the EMS system and instead self-referred to a hospital. Additionally, the local service was decimated. Dick stated that there will be an after action process for emergency service and an ongoing quality improvement process.

Dr. Harrison brought up the issue of patient self-referral and that the pattern seems to be much like the '91 Wichita event where 71 patients went to Wesley and 10 to St. Francis. He added it is a disservice to Pratt to have sent them 50+ patients and the focus of surge capacity is to distribute throughout the region. Chris stated that there was no way to prevent individuals from self-referring to a specific hospital. Kerry added that the problem lies in communication, due to the cell phone towers being down there was no way to communicate how many patients were coming in. Kerry stated it was a huge learning experience and they were really fortunate with the magnitude of the event.

Additionally, Chris noted that, while EMSsystems is great, it must be realized that after the tornado the communication infrastructure was gone. EMSsystems was developed with the expectation of an internet system being in place. Once that infrastructure was gone, there was no backup plan for operation. Dr. Concannon noted that, "you can't control what you can't control," but you will always need to make some adjustments to what happens. Dick added that there are a lot of holes that we haven't plugged and inquired as to where to put more resources. He continued that there were a lot of things that worked. The mental health response teams are in place and hundreds of tetanus shots have been given. Dick also added kudos for the Division of Environment and their rotating team

transporting and processing hundreds of loads of trash in conjunction with KDOT. Melissa Hungerford stated that this event is a reminder of how more people need to be involved and that if not for the drills and training things would not have been so successful. There would be additional follow-up reports during the August meeting.

### **Regional Reports**

**NE:** Darlene Whitlock provided an update on the Northeast Region's activities. The primary focus over the past two quarters has been the trauma plan update. The annual meeting was held on April 30 at St. Francis Healthcare in Topeka where 20 people attended. The updated regional trauma plan was approved by the general membership and it is ready for submission to KDHE. With pre-hospital communications, a Glasgow Coma Scale DVD was distributed at the annual meeting and it will be mailed to all EMS agencies and hospital trauma registrars in the region. Approximately 75 DVD were purchased. In regards to education efforts by the region, A PHTLS instructor course and instructor update is scheduled on June 11 and provider course is scheduled on June 28 and 29. A RTTDS course was held on May 10 at Burlington (RTC) and another is scheduled at Ransom Memorial Hospital on May 23 (KHROP). The executive committee will be reviewing 2007 KRHOP trauma education funding application starting next week. A trauma registry sharing session was held in February in Topeka, with over 20 people attending.

Liz Carlton added that a grant was received to do ATLS training in June, July and August with 25 spots available in each class. The class will be free to those attending. Darlene reminded the committee of the Click it or Ticket campaign currently being run by the Kansas Department of Transportation and the Highway Patrol.

**NC:** Patricia Dowlin updated the committee on the NorthCentral Regional Trauma Council's activities. Cloud County Health Center held a Rural Trauma Team Development course on February 16, with 15 attending. The primary focus over the past two quarters has been the trauma plan update. The annual meeting is scheduled on May 23 at Clay County Medical Center. The updated regional trauma plan will be presented to the general membership for approval at that time. The committee will begin KHROP application review next week.

**NW:** Kimberla Nutting said the Northwest region will sponsor the ATLS course at Hays Regional Medical Center in October by providing a \$3,000 funding contribution. This will be the fourth year the council has supported the course. The course has always been filled. An EMT scholarship in the amount of \$800.00 was provided to Colby County Community College to assist with the EMT scholarship program. This is the second year the NWKRTC has supported this program. The AgraSafe program for professionals and providers was held in Gove County, which is one of two counties that does not have 911. Like the other northern regions, the primary focus over the past two quarters has been the trauma plan update. The annual meeting was held on May 8 at Hays Regional Medical Center where 15 attended. The updated regional trauma plan was approved by the general membership and is ready for submission to KDHE. Elections were held during

the annual meeting and five positions were due for election. Election results were: physician: Dr. Charles Schultz, Ellis County, and Dr. Michael Machen, Gove County, who filled the position Nadja Button resigned from due to relation to Atlanta; nurse: Annie Staats replaced Shelley Boden; EMS: Kim Nutting; Administrator: Shelley Boden, Russell County and Paul Davis, Gove County; and health department: Susan Roelfs, Cheyenne County. With the 2006 KRHOP funding, Ellis County EMS held the PHTLS course in April where nine providers were trained and seven instructors updated. The executive committee will be reviewing 2007 KRHOP funding applications starting next week. Those hospitals not participating in the registry did not get funding last year, which in turn has increased participation in the registry.

**SC:** Kris Hill reported that the southern regions sponsored courses in Labette County (February 19-21, 2007), Woodson County (February 28, March 1 & 2, 2007), and Hutchinson (March 8-10, 2007). A course is going on this week in Hays where Rick Strack is teaching. The SE and SC Trauma Regions and Region III EMS sponsored Rick Strack, Priority Dispatch instructor, for his instructor update course in Las Vegas in April. The primary focus has been the update of the trauma plan for the last two quarters. The annual meeting was held on April 12 at Wesley Medical Center where 36 attended. The updated regional trauma plan was approved by the general membership and is ready for submission to KDHE. Elections were held during the annual meeting and five positions were due for election. Election results were: EMS: Randy Miller, Reno County; Nurse: Kris Hill, Sedgwick County; Physician: Dr. R. Stephen Smith, Sedgwick County; Administrator: Sam Serrill, Sedgwick County; health department: Judy Seltzer, Reno County. The Rural Trauma Team Development Course (KRHOP) was held at Kiowa District Hospital on March 6, where 17 attended. The committee will begin review of 2007 KRHOP applications next week.

The executive committee started the triage tag tracking pilot project in April. A mailing to all hospitals and EMS agencies was mailed in April, which included instructions and triage tags for the pilot project. \$1000 was spent on 700 tags, and Kris is urgently trying to get more funding in order to get more tags. Some funds have been identified from the other southern regions. Letters were sent to other hospitals in case they got transfers. The tag itself is one that many currently use when Kris surveyed them. Kris is hoping by August we will have a better idea of how the project worked.

**SE:** Chris Way discussed that the SEKTR distributed 400 bike helmets and 200 booster seats during a one-week period in April. The helmets and seats were provided to 11 different organizations that were hosting events and safety fairs throughout the region. The committee completed the regional trauma system plan update. A special meeting to approve the plan has been scheduled on June 14, 2007. The annual meeting is scheduled on September 6, 2007. Five positions will be open for election at the annual meeting. The executive committee will begin reviewing 2007 KRHOP applications next week. – if nothing else, all regions able to recertify.

**SW:** Cathy Heikes reported that the SWRTC was happy to help support the EMD program. The committee has been working on the regional trauma system plan update.

The annual meeting will be held at Finney County EMS on June 6, 2007. One hundred fifty booster seats were distributed through Finney County Sheriff and the Kansas Highway Patrol. The RTC donated 11 PHTLS books and 11 PALS books to the Finney County Community College EMT program. Students from throughout the region will benefit from the donation. Kearny County Hospital held a TNCC course (KRHOP) on February 20 and 21, 2007. Several hospitals took part in the course where 21 people attended. The executive committee will begin review of 2007 KRHOP trauma education funding applications next week.

## **Trauma Registry**

### 1. CV4 Rollout

The new version of Collector called CV4 was mailed this week to facilities using the local version. No problems have been reported at this time. Most facilities using the locally installed version were trained either through a webinar offered by the database vendor on April 6th or in one of the recent full registry trainings which were offered May 2nd at SRS in Topeka and May 10th at Via-Chriti in Wichita. The Kansas Trauma Registry (KTR) will continue to monitor for training needs as facilities install the new software. The next phase of CV4 rollout will be developing data processes at the central site.

### 2. Reporting

For fourth quarter 2006, 93% of facilities have reported. The overall average for 2006 is approximately 99%. The next major focus will be to improve timeliness of reporting to KTR. All 2006 data has been submitted to the National Trauma Data Bank.

### 3. Data reports

Responding to an interest in the development of a data report to be provided at the region level, KTR surveyed several other states on the kinds of reports that are produced for regional councils and PI committees. At this time we have not identified any other states that routinely create reports tailored to regional councils and PI committees. However, there are several options for reporting to regions. The topic will be pursued through the Kansas Trauma Registry Subcommittee.

Dr. Harrison responded that one of the goals of the registry is to get information back to regions. He likes the concept of sending data back to regions to support the development of performance improvement processes. Robert Prewitt brought up that he was very interested in data for regions and how they were performing but was not sure how they were going to separate individual facilities. Eric replied that the challenge is to provide data that is useful for performance improvement and tracking while maintaining the anonymity of both patient and reporting facility.

Cathy Heikes added that this process may encourage more physician and hospital participation and Dr. Harrison agreed that once we start sending data back there will be more people at the table. Dr. Harrison suggested that we include preventative measures on the fact sheets to get public health engaged. Dr. Concannon remarked that regional

reports will be useful even if the facility identity is not reported because those facilities will generally be aware of those deficiencies anyway.

Melissa Hungerford suggested Eric may want to do a broader presentation to the hospital quality improvement personnel to make them aware of the data and if nothing else to get them aware it is available. She continued that awareness is the key and the data will help them in their search for areas for improvements. Cathy added that regional committee members could come together and present the information the facility quality improvement staff.

**Other business**

Rosanne advised the next meeting will be held August 22 with the location to be announced.

The meeting was adjourned at 1:25.