

**Advisory Committee on Trauma
Minutes
November 15, 2006**

Attending: Dr. Craig Concannon, Darlene Whitlock, Debra Pile, Robert Prewitt, Kerry McCue, Dennis Mauk, Pamela Kemp, Kris Hill, Robert Waller, Richard Morrissey, Dr. Scott Sellers, Dr. Paul Harrison, Leanne Irsik, Rosanne Rutkowski, Eric Cook-Wiens, Kendra Tinsley, David Marshall, Dr. Dimitrios Stephanopoulos

Absent: Dr. Dennis Allin, Elaine Becker, Patricia Dowlin, Senator David Haley, Cathy Heikes, Roger John, Representative Nancy Kirk, Representative James Morrison, Kimberla Nutting, and Senator Susan Wagle.

The meeting was called to order by Rosanne Rutkowski at 10:06 am in the absence of the chair who called to say he would be slightly delayed.

Minutes from the last meeting were approved as written.

Program Update

Rosanne Rutkowski provided the trauma program update. Recently we have completed fall meetings with the regional trauma councils and the annual Executive Regional Trauma Council Meeting was held in Wichita November 3. The feedback provided from the executive council meeting was very positive.

One of the big projects this coming year will be updating the regional trauma plans. Kendra has made some updates and the regions will be working on those further. Included in the meeting material for today's meeting was a map highlighting locations of trauma education classes that have been sponsored by the regional trauma councils in 2005-2006. There were close to 800 health care professionals who participated in a trauma education or training program sponsored by one of the six regional trauma councils this past year. In 2002, there were 138 trained in classes sponsored by the RTCs. The map also highlighted the variation of education classes provided this past year.

The trauma center designation regulations have been with the Department of Administration since September and are one of several that are being reviewed. One item that will need to be discussed in the meeting is whether to update the regulations to reflect the "green book." Molly Lazoda with the American College of Surgeons (ACS) agreed to be available by phone conference to discuss changes between the "green" and "gold" editions.

The roll out of the web based software has gone well and the hospitals using it are pleased. Eric Cook-Wiens and James Pou with Digital Innovations just finished up a week of trainings: basic, report writer and sharing session. The benchmark report was mailed out to all hospitals this summer. An item for consideration is whether the report needs to be sent to more than the hospital registrar.

Kendra Tinsley, Kris Hill, Diana from Wesley and Rosanne participated in the Northeast RAC for Oklahoma in October. Oklahoma wants to include Kansas hospitals in their regional plan. The purpose of KDHE participating was to discuss a data sharing agreement. Since the meeting, KDHE has drafted an agreement which Oklahoma is currently reviewing.

Prior to today's main meeting there was a Public Information and Policy Subcommittee meeting. Discussed at the meeting was the end of the HRSA EMS/Trauma Grant. A contract has been signed with Gizmo Productions to do an informational video with a deadline of December 12. A trauma program newsletter is under development.

The Kansas Trauma Program is participating in a data collaboration project with Critical Access Hospitals (CAH). Darlene Bainbridge is currently on contract with the Office of Local and Rural Health to assist CAH's in developing their Quality Improvement programs. Darlene is working with the trauma program and the CAH's to develop Emergency Department Quality Indicators using data from the trauma registry. They will also develop an audit process which will help ensure all appropriate patient records are captured for entry into the registry. Discussions with the Critical Access Hospitals have been very favorable. Also, Darlene spoke at the November 3 meeting with the regional council executive members.

Also worth mentioning is the recent amendment in Missouri which proposed a tobacco tax to fund uncompensated health care. It included funds earmarked for uncompensated trauma care to the tune of 44 million with 4 million for EMS. It did not pass by a narrow margin.

Recognition and congratulations goes to Overland Park for becoming an ACS verified Level II trauma center and Stormont Vail becoming a Level III trauma center.

Richard Morrissey added that there is some legislative activity related to the trauma fund and the special committee on the judiciary will be holding a hearing tomorrow. They have invited all agencies that receive funding from docket fees to present on how those fees are being used utilized. Dr. Rodenberg will provide an update on trauma program activities and relevance of high risk driving behaviors with the need for a trauma system.

EMSC Performance Indicators

Rosanne introduced Dr. Dimitrios Stephanopoulos, who currently serves as Medical Director for the EMSC Project. The trauma program staff works in collaboration with a number of projects including the EMSC project. The EMSC Program has a number of goals related to improving emergency medical services for children one of which is to increase the percentage of hospitals having essential pediatric equipment and developing pediatric protocols.

Dr. Stephanopoulos presented on EMSC performance indicators. [Click here for his presentation.](#)

Pam Kemp offered that an 800 number for emergency rooms to contact a physician would not be a bad idea. Chris Way countered that the idea is advantageous in an ER but in situations when there are at most two to three people trying to save a life, one of those people can't be spared to

get one the phone. Dr. Stephanopoulos replied that if there would be a national emergency, with not enough beds, it would be helpful if diagnosis can be done by phone.

Leanne Irsik stated that part of the EMSC protocols that falls into our mission is to standardize the response to trauma and if there is a way to standardize pediatric protocols then it would be to our advantage to support it. Kerry McCue added that it would be good to have a standard goal and there will be regional modifications based resources and practice preferences. Dr. Harrison continued that there will always be a variance in practice but there is a benefit of using national standards. Dr. Harrison added that these are evidence based guidelines and everyone will move in the direction of the guidelines.

There was a brief discussion regarding how insurance companies often don't recognize transfer protocols when determining reimbursement. Dr. Concannon added that an emergency situation is not the time to figure out where you can or can't be treated based on your insurance provider. Pam Kemp added that her service frequently receives insurance denials because they don't transport patients to the "closest" facility. She cited the example where they've been denied reimbursement because they transported a patient with an obvious fracture to a facility with orthopedic capability but it was not the "closest" facility. The system goal is the "closest appropriate" facility, and when people are being denied transfer they are being denied good care. It was requested that Rosanne facilitate a meeting with Insurance Commissioner Sandy Praeger to discuss the issue. Members of the committee who volunteered or were volunteered to participate were Dr. Dennis Allin, Dr. Paul Harrison, Pam Kemp and Kerry McCue.

Traffic Records Strategic Plan

David Marshall, with the Bureau of Traffic Safety, provided the committee with a report on the traffic records strategic plan. [Click here for his presentation.](#) David discussed the records assessment done in March of 2006 where several recommendations were devised. David also discussed what a traffic record was and his grant writing process. November 1 was their kickoff meeting and their next meeting is scheduled for December 18.

There is discussion on how to make the crash form better and involve more GPS. The group has hired an IT architect and program manager. They are talking with Department of Revenue to work on a national ID card which will be a huge benefit to highway patrol, especially with the proposed development of an e-citation, a standard form which will make tracking of records easier.

David also briefly discussed the goals of Driving Force in reducing traffic injuries and fatalities; as well as the Governor's racial profiling task force to prevent racial profiling at traffic stops. David wrapped up by stating that the projects have started out small, but have potential to impact many people and organizations.

Trauma Registry Update

Eric Cook-Wiens gave the registry update. There were 92% of institutions reporting, a little lower than what it has been but over the past four quarters 96% of institutions are reporting. The

goal is to have 100% and we are close. This fall has been very busy with training, 79 individuals trained on the web based version of Collector. Eric reported that 33 hospitals currently use the web-based version. James Pou from Digital Innovations helped with the recent training in Hays, Wichita and Topeka and they all went well.

We are currently in development of a new version of Collector. Plans are to update the web based version and work on the report writer. Our “go live” date is February 1, 2007 and three trainings have been set up for locally installed users.

Fall Meeting RTC Executive Councils

Kris Hill presented on the fall meeting of RTC Executive Councils. She reported that 44 people attended the meeting with all regions represented. Feedback on the meeting was positive.

Board of EMS Report

Robert Waller provided the report for the Board of EMS. [Click here for his presentation.](#) Robert updated the group on the progress of the pre-hospital data collection project. The Board’s plan is develop an RFP based on the software requirements of Kansas EMS providers. A review of the data has indicated that 14% of the providers transport 82% of the patients. They will most likely utilize the larger services as pilot as to work out any issues in the data collection process.

The issues they are currently working are connectivity, hospital interface, HIPPA and source of future funding. There are several points of discussion for each of those issues, such as with connectivity: if a service does not have access to web in their truck will they write the information down and enter it when they get to a desk, and will some services have to buy monthly internet service? With HIPPA they know it will be an issue but have experts on board to ensure they are compliant. Their next meeting is scheduled for November 28.

Dr. Bandy inquired if they were planning on making their prehospital collection system compatible with trauma registry software and KDOTs traffic records collection. Robert confirmed they were. Robert also confirmed that they have put \$75,000 in the EMS budget for software costs. Dr. Bandy inquired if shifting some of the funds to the underserved areas would better serve the community considering the larger services may already have support.

Driving Force Update

Darlene Whitlock provided an update on the Driving Force task force. Monday, November 27th, the group will be announcing their recommendations at a meeting in Topeka. The Driving Force is work group supported by the Department of Health and Environment, Department of Transportation and the Highway Patrol and the focus was to develop recommendations to reduce traffic fatalities. The group is committed to adopting valid, evidence based plans and present a united front to the legislature. Darlene presented a list of 15 recommendations they hope to implement over a three year period. The recommendations ranged from instituting a standard seatbelt law, graduated licensing, and strengthening impaired driving laws. Darlene is very

heartened by the broad grassroots support, which includes attorneys, sheriffs, turnpike authority to radio broadcasters.

Public Information and Policy Committee Report

Debra Pile updated the committee on the Public Information and Policy Committee. The committee met prior to the ACT meeting with representatives from Gizmo Productions. Their plan is to start filming the first week in December. They outlined what they'd like to have: some tension building as well as the results of those traumas. Gizmo is looking for people to be in the DVD, to describe the accident, speak with the family and see the outcome. Debra asked the committee to pass on information to Rosanne of anyone who might fit that bill..

A newsletter is under development with plans to publish quarterly. It will include a message from the chairman and will be distributed electronically.

Regional Trauma Council Reports

NE: Darlene Whitlock presented for the Northeast Region in the absence of Elaine Becker. The sub-committee developed and completed a prehospital trauma systems standards survey in August 2006. We had an outstanding response 85% from the 44 EMS agencies in the region giving us outstanding data in which to set goals.

The purpose of the survey and research was to see how many services in our region currently are implementing, or already have in place, the standards indicated in the Trauma Plan for recognizing the severity of a trauma patient, treating the patient and communicating information regarding the patient to the nearest trauma facility. The survey included items to help the sub-committee measure the standards or procedures services use in the recognition, treatment and communication of a trauma patient.

The survey was also used to measure the status of our region and the amount of work we still need to accomplish regarding trauma care in the prehospital setting. One overall goal of the NEKRTC is to encourage all prehospital services in the region to operate in a similar fashion regarding trauma patients. When this goal is achieved we can feel confident that:

1. Ground based ambulance services will recognize and communicate the severity of trauma in a similar manner which can be a significant benefit in mutual aid situations
2. Aeromedical services will benefit by consistent assessment and communication with multiple ground based agencies in our region
3. Receiving trauma facilities will benefit by receiving standardized communication from ground based and aeromedical prehospital services in our region

The NEKRTC is working with aeromedical services to deliver education based on the needs expressed in the survey.

Mary Glover completed the Priority Dispatch instructor training requirements this year and is now the instructor for the NEKRTC EMD training site. The RTC was very pleased to have

trained two dispatch agencies that had not received EMD training before...Wabaunsee County Sheriff's Department and Jackson County Communications Center.

A course will be held at Coffey County EMS (Burlington) in November where we are expecting 20 participants. We are really looking to build instructors from this course.

The RTC sponsored a TNCC course at Nemaha Valley Community Hospital in October where 19 were trained. In addition, the RTC completed a course at Ransom Memorial Hospital (Ottawa) (KRHOP funds) in October where 14 participated. (Total=33)

A course has been scheduled at Ransom Memorial Hospital in November (KRHOP)
A NEKRTC trauma registry sharing session has been scheduled on November 30 in Topeka. The agenda will include updates from Rosanne and Eric. In addition, regional members will be sharing information on tracking forms in Excel and example data reports. All primary registrars, DONs and ED directors are invited to attend the sharing sessions.

Members of the prehospital communications sub-committee presented at three of the Kansas Board of EMS Instructor Coordinator conferences in Kansas at the request of the Board of EMS. The council presented statewide trauma data and information at the meetings. (Pittsburg, Salina, Garden City)

NC: Pam Kemp reported for Pat Dowlin for the North Central region. The region hosted a TNCC course on November 6 & 7 at Republic County Hospital (KRHOP funding). In addition, the trauma council is sponsoring a TNCC course at Clay County Medical Center on December 7 & 8, 2006 (RTC funds).

The RTC purchased 140 booster seats for distribution to coincide with recent passage of the booster seat law. The RTC is collaborating with the Sunflower Network to distribute the seats with education through member hospitals and services.

Ellsworth County EMS held a PHTLS course on November 16 and 17, 2006 (KRHOP). Cloud County Health Center will host a Rural Trauma Team Development Course sometime after the first of the year.

The RTC is sponsoring a PHTLS class on December 16 and 17, 2006 in Smith County (RTC funds). The committee started work on the 2007 regional trauma plan update in September. (May 23, 2007 is the annual meeting). They also sent an EMD follow-up survey.

NW: Kendra provided the report for the Northwest region in the absence of Kim Nutting. The NWKRTC has focused primarily on injury prevention and education this year, as has been the case for the past couple of years. Something we are very proud of is the fact we have made a concerted effort to support ATLS education in the NW region by sponsoring the course at Hays Medical Center for the past two years. The course has been held at Hays for the past five years and it has been extremely successful with full classes for those five years.

The RTC has sponsored AgraSafe First on the Scene and Professional courses for the past couple of years. This year the program was approved for Gove County.

A TNCC course was held on September 28 and 29, 2006 at Sheridan County Hospital (15 trained) (KRHOP). Currently, the RTC is looking at whether more TNCC instructors are needed in the region. EMT scholarships were provided to Colby Community College. Deb Kaufman works really hard on that. The NW region has a very challenging time keeping EMTs. The council has provided scholarships for EMTs on two separate occasions. Cheyenne County Hospital hosted a Rural Trauma Team Development Course on November 9, 2006. The region wishes to thank the NEKRTC for making the trip to Cheyenne County to make this course possible. The RTC sponsored the Hays Regional Medical Center ATLS course for the second year. It was held on October 13 and 14, 2006 and 16 were trained. Regional trauma system plan review and the update process started in October.

SC: Kris Hill gave the report for the South Central region. A course will be held in Wichita January 18-20, 2007. Another course has been scheduled in Woodson County (SE) in February. 63 people have been trained this past year and eight card sets have been provided to agencies.

The trauma region sponsored a farm safety course with Pratt Regional Medical Center in October 2006. A TNCC course was held at Medicine Lodge Memorial Hospital on September 11 and 12, 2006. Ten people were trained. (KRHOP) The RTC sponsored two TNCC instructor candidates through Pratt Regional Medical Center. The goal is to increase TNCC instructor capacity in the region.

The committee started review of the regional trauma system plan in October. SC is looking into the trauma band project. They are going to meet with the NE region (Mid-American Regional Coalition) to consider a project they are working on. The goal is to avoid duplication of efforts.

SE: Chris Way reported for the southeast region. A Rural Trauma Team Development Course was held at Mercy Hospital in Independence in October. Twenty-three attended. Coffeyville Regional Health Center has a course scheduled in January. Labette County Medical Center has a course planned in April 2007. Fredonia Regional Hospital will hold a course later this year. The RTC sponsored an ATLS course in Coffeyville in October. This is consistent with the RTC goal to host an ATLS course every two years in the region. The first course was held two years ago at Labette County Medical Center.

SW: Robert Prewitt reported for Cathy Heikes in the Southwest region. 150 booster seats will be distributed through Finney County Sheriff and the Kansas Highway Patrol over the next month (Coincides with passage of the booster seat bill).

Kansas Rural Health Options Project funding was approved for the following:

1. PHTLS-Ashland Health Center (Held on November 10 and 11, 2006)
2. RTTDC-Bob Wilson Memorial Hospital
3. TNCC-Kearny County Hospital

(The SW has had a challenging time getting these courses scheduled. Bob Wilson Memorial Hospital has been working with a SC hospital to get the course Rural Trauma Team Development course scheduled).

In addition, Kearny County Hospital has been trying to schedule TNCC with a SC facility. The plan in the SW region is for a SC facility to host a large TNCC course for multiple counties in the region in order to get, as many of the TNCC needs covered as possible at one time. There are very few TNCC instructors to meet the needs in the SW region.

The RTC purchased textbooks and assisted with instructor expenses for three PEPP (Pediatric Education for Prehospital Professionals) courses that started on Oct 28-29 and will be repeated Nov 11-12 and Dec 2-3. Grant County EMS has led the project.

Review of Changes in 2006 ACS Green Book

Molly Lozada was available to the group by phone conference and began by stating there are not many changes for the Level III criteria, adding most of the changes were for Level I's. She stated they have not taken out the criteria for Level IV's – it is just spread out. Molly pointed out criteria for Level IV's in Chapter 2, page 20 – Descriptions of Trauma Center Levels and Their Roles in a Trauma System; Chapter 5, page 32 – Hospital Organization and the Trauma Program; Chapter 6, page 39 – Clinical Functions: General Surgery; Chapter 7, page 41, second column, first paragraph – Clinical Functions: Emergency Medicine; Chapter 13, page 75 – Rural Trauma Care; and also Chapter 23, pages 139 and 140 – Criteria Quick Reference Guide.

On May 1st the criteria outlined in the green book will go into effect and any new hospital verification visits currently scheduled will have the option to be reviewed under the old or new guidelines until that time. The ACS is hoping have materials available by April 1st for visits scheduled after May 2007. When Dr. Harrison inquired if they would be expecting amendments to the book, Molly confirmed that at some point in time there would be amendments. Molly could not be certain when those amendments may be issued, but that she would inquire with Dr. Mitchell on when he expects them.

General discussion resumed and Rosanne queried the group on whether they felt we needed to go back and revise our regulations to conform to the green book. We are unable to state “we adopt this and any future amendments.” Dr. Harrison outlined a few of the changes for Level I's. Leanne Irsik expressed that it would be inappropriate to not have the most current standards. Dr. Harrison motioned that the new book, “Resources for Optimal Care of the Injured Patient: 2006” be adopted into the regulations for hospital designation. The motion was seconded by Kris Hill and all were in favor. Dr. Harrison noted there would be further amendments to the book coming out in May.

2007 Meeting Dates

Rosanne quickly noted the 2007 meeting dates have been tentatively set for February 14, May 16, August 22 and November 14. She advised the group the November date may change once she had a chance to confirm the date of the KHA meeting for next year.

(Please note that the November meeting date will be November 7th.)

The meeting was adjourned at 1:45pm.