

Kansas Advisory Committee on Trauma Meeting
Kansas Medical Society
623 SW 10th Avenue
Topeka, Kansas
February 27, 2019
10:00 am – 3:00 pm
MINUTES

Members Present:

Dr. Paul Harrison, Dr. Craig Concannon, Dr. Michael McClintick, Ron Marshall, Tina Pendergraft, Carol Perry, Darlene Whitlock, Janet Kemmerer, James Higgins, Dr. Bill Sachs, Kris Hill, Pat Lucke, Senator Barbara Bollier.

Interested Parties:

Carinda Trowbridge, Deb Gunter, George Mitchell, Jason White, Kenna Young, David Seastrom, Joe House, Nate Cunningham, Stepheny Berry, Tracy McDonald, Tammy Newberry, Stephen Lowry

Trauma Staff:

Wendy O'Hare, Danielle Sass, Ren Morton

Call to Order

Dr. Harrison called the meeting to order at 10:05 a.m.

Approval of Minutes

Dr. Concannon made a motion to approve the minutes from the November 7, 2018 meeting. Darlene Whitlock seconded the motion. Motion carried.

ACS-COT Update

Dr. Molik was unable to attend the meeting. Dr. Harrison reported the next meeting will be in March. Updates from ACS-COT will be available at the May ACT meeting.

Updates of the orange book continue as they move toward an evidence-based practice. Dr. Molik has expressed concern as she is still receiving pediatric patients without c-collars. She feels more education needs to happen as to the appropriateness of equipment.

Trauma Program Update

KDHE

Dr. Lee A. Norman has been appointed by Governor Laura Kelly to replace Jeff Andersen as the Secretary of KDHE. His background is national guard and medical director at The University of Kansas Health System. He is very familiar with the state trauma system. Wendy will invite Dr. Norman to attend the May ACT meeting.

Trauma staff are in the process of planning a website update to make the site more user friendly, as well as offer more injury prevention activity options and PI tools.

The education calendar on our website has been updated to allow access to registration through a link. Other updates to the website are in the design process.

The trauma and preparedness programs have collaborated to teach Stop the Bleed courses to KDHE employees and others who work in the same building. The first course had 29 people and was co-taught by Darlene Whitlock and Teresa Taylor. Two individuals became eligible to be instructors. The next course is April 11th.

Danielle and Ren were asked by the Doniphan County Health Department to give a presentation about geriatric falls in March.

May is National Trauma Awareness Month. May 19-25 is EMS week and EMSC Day is May 22. The trauma program along with KBEMS are sponsoring the downtown Topeka farmers market on May 22nd. Wendy, Tracy, and James Reed (KBEMS) are working together to have proclamations signed by the governor for these initiatives.

Trauma Registry

Melinda Marlar is no longer working for the trauma program. The position was posted on the State of Kansas website and has since closed. As soon as the applications are processed through HR, Wendy will schedule interviews.

Trauma Regions

Ren has started sending out a newsletter on Fridays called "Trauma Friday Resources." Since starting this, she has had contact from Junction City EMS and Meade EMS requesting more information about education funding, as well as two inquiries for RTTDC funding.

Ren meets with trauma program managers on a quarterly basis and provides an educational webinar. In January, she provided information on how to become/remain a Level IV Trauma Center. The presentation was called, "Lifeline – To Designate or Not to Designate". There were 39 attendees.

Ren has updated documents which describe the designation timelines. These are available on the Level IV Resource Portal on our website or by request via email to Ren.

Ren has implemented a new system of formal letters to let facilities know where they are in their designation process. These include a letter advising a facility of a six-month grace period to complete preparation for an on-site survey. So far in 2019, there has been one site survey and four facilities are currently in grace periods to correct missing components in their PRQs. 21 site reviews are anticipated for CY2019.

There are ten Level IV designations that have expired for which an application for renewal has not been received. Ren has reached out to all of these facilities with formal letters to let them know where they are in their designation process. She also sent notification emails to facilities set to expire in the next three months to remind them of their upcoming expiration date.

Currently, there are eight active designation renewal applications of which three are in a grace period to correct missing components of their PRQ. Eight other facilities have a letter of intent on file.

The Regional Symposiums are coming up. Registration will open this week. We are contracting with Stormont -Vail for CME credit. This is a cost-saving measure.

The Trauma program and KDHE's Injury Prevention program have outlined their collaborative agenda for CY 2019 to include safe sleep programming, farm safety, geriatrics/fall prevention, and contributing to the child abuse and neglect dashboard. Together, the two programs plan to produce quarterly tip sheets that can be downloaded by facilities and posted.

The regions are finalizing budget allocations for the Statewide Stop the Bleed Initiative. The regions have agreed to purchase their kits from Bound Tree Medical for a combined total of \$55,700.00 which will purchase 1,393 kits. The regions are currently designating a distribution location and point-of-contact for the distribution.

EMSC

Along with Ransom Memorial Health, the EMSC Program will be hosting a one-day Trauma Symposium at Ransom on Wednesday, March 27th. CEU's are pending for both nursing and EMS. This will be a free course and the registration link will be disseminated soon. Speakers are from Ransom Memorial, Children's Mercy Kansas City and the University of Kansas Health Systems. (Save the Date sheets are available and the link will also be sent out via list serv) KS-Train ID #1082993.

The EMSC Program will be mailing out a resource for all EMS agencies reference the NHTSA recommendations for when a car seat CAN be used following a crash. We ask that all EMS service directors and/or medical directors review the resource prior to use to make sure they are in compliance with their agency's policies, procedures and/or guidelines. Each EMS agency will receive the same number of resources as licensed ambulances registered with the Board. These resources should be available some time in February.

Resource cards will be mailed out to all Emergency Departments in the state reference the PECARN study recommendations for CT scanning of pediatric head trauma/injury. These cards are being developed by Nye and Associates and should be available sometime in February. Each ED will receive two cards, one for the ED and one for the Radiology department (should the hospital ED physicians feel necessary to give one to Radiology)

The Pediatric Emergency Ready Kansas (PERK) project is in the final stages of development and the EMSC program will be piloting the ED recognition program soon. A final copy of all documents used for this voluntary recognition will be available at the next ACT meeting.

Tracy Cleary and Ashley Wallace are Safe Sleep instructors. KDHE has a wonderful infant at work program. They taught a safe sleep course at KDHE last week.

Missouri Trauma Center Proposal

St. Joseph Medical Center is located some 150 feet from the KS border. St. Joseph Medical Center fell on hard times and was sold by Ascension. They relinquished their Level II Trauma Designation. They have applied for a Level III Trauma Designation in Missouri. The State of Missouri denied their application because they were within ten miles of a Level I designated center – Research Medical. We appealed Missouri's decision. We would like to apply to the state of Kansas for a Level IV designation which is comparable to the Missouri Level III designation. Overland Park Regional Medical Center is 8 miles away. KCFD has apparently stated they would recognize KS Designation as a trauma center.

Darlene Whitlock inquired if the ACT has authority to designate facilities outside of our state. Dr. Harrison stated that current statutes and regulations establishing the Kansas Trauma Program do not allow for designation hospitals outside Kansas borders.

Tracy McDonald explained typically when another state designates a facility out of their state, the facility has dual designation when they sit on the border.

Missouri does not require ACS verification of facilities. Any Missouri facility seeking ACS verification in Missouri would still need to have a state on-site survey.

Dr. Harrison stated KDHE legal staff would need to be consulted regarding the interpretation of the statute. The ACT could then look at the adding our support to your appeal to State of Missouri.

Ron Marshall asked representatives from St. Joseph Medical Center to track where those patients are going. Members of the ACT would be interested in seeing if this facility were a designated trauma

center, would hospitals in Kansas lose that business. The CEO from St. Joseph Medical Center feels most patients in the southern area of this catchment are being transported to Research Medical Center.

Dr. Sachs inquired if other facilities in the area are resistant to St. Joseph Medical Center becoming a designated trauma center. A representative from the facility stated she had not reached out to any other facilities but has not heard specifically of any resistance.

Tracy M explained Kansas City just enacted a “no diversion” policy. The rule about no other facilities within a certain mileage of other designated facilities is very antiquated but no one knows if there is any work being done on this.

Dr. Concannon inquired if this facility could go ahead and seek ACS verification. Tracy McDonald explained only states can designate. There was discussion about facilities becoming verified but not designated. It is believed this is a possibility but precedence has only been set in states that don't have a designation process in place.

Dr. Harrison clarified that if a facility is ACS verified, they can still charge for trauma with cooperation from the local EMS.

Darlene cautioned that in the future, this committee may need to look in to designating free-standing EDs.

Trauma Program Funding Update

The trauma program has funding to sustain the program through 2020. We applied for General funding, was denied. We appealed, and the appeal was denied. We are actively looking for funding opportunities. The next hearing is March 7th and Dr. Berry will provide testimony. Anyone can submit a letter of testimony. Dr. Norman is aware of this issue and very interested in the future of the program.

Ron Marshall inquired if there was any more discussion at KDHE in increasing the designation fees for trauma centers. Wendy reported administration is not interested in doing this at this time.

The other option that we are investigating is attaching a fee to driver license renewals or license plate renewals. We will be discussing options with our Insurance Commissioners.

There was a letter drafted in support of the trauma program to the legislature. The ACT members who wish to submit letters, must do so as individuals, not as a committee. Dr. Concannon stated we need promotional materials that state what the Kansas Trauma Program has done for Kansas – how many lives saved, how many dollars saved, and really promote ourselves. Make the economic and human arguments for the program.

Dr. Harrison stated there is probably some data we can get from KDOT on crash fatalities. Dr. Harrison would like data which shows the impact on patient care with a trauma center. Dr. Concannon stated this data needs to project what the impact means. Do we know if the trauma system is keeping people from being disabled, etc. We have to show some financial positivity to legislators. Kris Hill asked if we could show a mortality rate decrease. Dr. Concannon stated the legislature is more interested in financial benefits to the program. We need to show how the person remained a productive citizen by being saved by the system.

Many ideas were given in how to promote the trauma system from a new video to Stepping On.

Dr. McClintick explained that being a designated trauma center, Greenwood County Hospital sees more patients and are able to recruit more providers. Legislators like that because they don't want to

see rural hospitals close. We advertise as a Level IV and our ER intakes remain high. We could argue that it creates jobs in the rural districts. Ron Marshall asked if any of the three hospitals who closed recently were designated trauma centers which they were not.

Danielle Sass reported she can look at overall numbers, ISS, trauma activations, The switch from ICD-9 to ICD-10 and has it has created discrepancies, the data from changing from an acute facility to a trauma facility, etc.

Everyone agreed a priority should be placed on an updated video for promotion and other promotional materials to emphasize the benefits of the program.

Darlene Whitlock stated she can write up a sheet to take to the Legislators. Dr. Harrison cautioned that the ACT cannot lobby but can certainly inform. Tracy McDonald has a template letter and asked if these templates can be sent out in case individuals want to provide testimony or letters. Trauma staff will develop a one-page fact sheet about the program.

Ron Marshall asked what the level of funding is that is being asked for. \$300,000 of state general funding was requested. Dr. Harrison stated the fee funds are decreasing. Other states support direct patient care, but they have \$20M budgets. Ron Marshall stated the SAFE program only made a difference of \$10,000, so not enough to pursue. The 13 programs funded were meant to reduce the infractions. And the programs are doing just what they were meant to do, and so naturally they would decrease.

Trauma Registry Update

The 2019 update from Digital Innovation will occur next week on March 7th. Updates will need to be applied on all computers that have a local registry. Sites submitting data to NTDB will need a trauma cloud account to use the ITDX feature.

There are more resources listed on the trauma program's website to assist in how to read the benchmark reports and how to run on-demand reports.

Danielle Sass showed information about unintentional falls for patients 65+, gave an overview of National data. Informed the group that in Kansas, falls are the mechanism of injury for over 57% of all traumatic injury cases. The number of fall cases between 2016 and 2018 may be increasing due to hospitals adjusting for the ICD-10-CM codes and including same level falls into the registry. In fact, some counties are seeing upwards 4,000 cases of falls over the past 3 years. The 65+ age group are showing more same-level and different-level falls from furniture, relating to challenged balance issues, than all other age groups.

The data shows the highest categories of injuries occurring in lower extremities and head/neck body regions due to falls. Between 70-80% of fall cases 65+ years of age have a fracture injury. Contributing factors include things such as inactivity which contributes to loss of strength and balance, increase in medications the geriatric population take, vision loss, and home environment.

STEADI-

This initiative through the CDC is focused on helping healthcare providers identify individuals at high-risk for falls. They provide fall risk assessment materials, such as an algorithm and checklist here:

<https://www.cdc.gov/steady/materials.html>.

Results:

NY – implemented STEADI into one community and a large healthcare system. A little over 18% of those screened were found to be at high risk for fall. Of those found to be at high risk, 30% - 85%

were given a fall care plan, percentages differing between clinics. Those on a fall care plan had a 40% decreased their fall incidents compared to those that didn't. However, these plans have to be stuck to over time. Just being on an exercise plan decreases falls by 21%

Stepping-On (7-week program)
Matter of Balance (8-week program)
Falling Less Kansas (Free toolkit)
Enhance Fitness (Evidence-based exercise program)

Enhance Fitness is provided through YMCA in Kansas (<http://www.ksymca.org/find-your-y.html>, <http://www.ksymca.org/contact.html>). Contact Jennifer Bruning to receive training information to provide these programs in your facility or community.

Local providers being informed of evidence-based programs in their community is essential for referring patients to them.

The same factors that make you high risk for falls also makes it unsafe to drive. Expanding rural public transportation access is important to keep these patients mobile and able to be in fall prevention programs.

<https://kutc.ku.edu/map>

<http://www.ksdot.org/burTransPlan/pubtrans/>

Falls Fact Sheets

Overview recommendations:

Primary Care

- Screen for high risk fall patients (utilizing an evidence-based checklist, i.e. STEADI)
- Provide fall risk patients with a fall care plan
- Refer patients to the following:
 - Rehab (as needed)
 - Fall prevention program (i.e. Fall Less Kansas, Stepping On)
 - Evidence-based exercise program (i.e. Enhance®Fitness)

Trauma/Hospital

- Contact primary care providers of fall patients
 - Inform of incident
 - Reconcile Medication
 - Recommend:
 - Fall care plan
 - Fall prevention program (i.e. Fall Less Kansas, Stepping On)
 - Evidence-based exercise program (i.e. Enhance®Fitness)
- Refer patients to rehab (as needed)

Regions: Community Injury Prevention

- Expand access to fall prevention programs
- Expand access to evidence-based exercise programs
- Expand transportation access to attend programs (rural public transportation)

Danielle asked if the ACT would endorse these recommendations. Dr. Harrison stated this is one of our BIS Assessment goals which is to use the data to identify a problem, design an intervention, implement an intervention, and assess the outcome. Dr. Harrison moved to endorse these recommendations and push it out to the regions. Dr. Concannon seconded the motion. Motion carried.

Membership

Wendy explained to the group that the ACT has four new legislators serving. Wendy introduced Senator Barbara Bollier who is one of those four. Senator Bollier gave a brief introduction of herself. She is very interested in all things related to the health of Kansans since she is a retired anesthesiologist and is married to a family practice physician. Interestingly, she also went to medical school with Dr. Concannon. She has taught bioethics at the University of Kansas School of Medicine, had a focus on end of life issues while volunteering at the Center for Practical Bioethics, and served as chairperson on a steering committee for a pediatric palliative care initiative. Senator Bollier is an advocate for patient safety and can help further that cause through the Anesthesia Patient Safety Foundation or through the senate.

Dr. Harrison explained to Senator Bollier that the major goal of the Trauma Program is injury prevention. A discussion of funding was had with Rep Bollier. Dr. Concannon promised this group would keep Senator Bollier informed about the finding issues of the program. Senator Bollier asked if the ACT had ever taken a stance on gun violence. Dr. Harrison stated the ACT would be interested in preventing injuries caused by firearms. The August 2019 ACT meeting will have a focus on the trauma registry data involving firearm injuries.

Senator Bollier explained SB62 Substitute would allow law enforcement to break the law by not using their lights, sirens, and making U-terms in certain situations. She advised she voted against it because of the potential of injury to other motor vehicle users. She asked for this group to consider taking a stance.

Level IV Designation Process

Ren recently gave a presentation webinar to the trauma program managers in the state about the Level IV designation process. She repeated this presentation to the ACT for their information. This presentation is also now available on KS-Train for viewing when it's convenient for participants. Dr. Harrison encouraged Ren to continue with these types of presentations to assist trauma centers. He stated the on-site surveys for Level IV designation are still revealing issues with when a trauma activation is necessary.

Trauma Education

Trauma staff have been asked repeatedly about the requirement of providers in the ED. The scenario is an advanced practice provider who is ATLS certified is on trauma call. There is not a physician available to respond on-site in the event of a trauma patient. Is it acceptable for the APP to consult via telephone with a trauma surgeon or other ATLS certified physician from a Level I or Level II trauma center? Dr. Harrison clarified that an APP does not have to have a physician on-site.

Trauma staff received a request to substitute Advanced Trauma Care for Nurses (ATCN) course in lieu of Trauma Nurse Core Course. The American College of Surgeons accepts this substitution. Wendy reminded the committee that current Level IV PRQ Guidelines specify TNCC.

Tina Pendergraft inquired if a nurse can audit a ATLS class. Tracy McDonald stated KU charges \$100 for an auditor and nurses are welcomed.

Regional Trauma Council Reports:

NEKRTC - Dr. William Sachs, given by Ren Morton

The last executive committee meeting was held on February 11, 2019. The region formed a subcommittee to help design the Stop the Bleed Kit application. The application is complete. The region also took the initiative to approach the Kansas Department of Transportation and Legislators about the fatalities of HWY 75. Krista Eylar of Holton lead the initiative, and they are in conversations to address points of danger along this highway. At the last executive committee, members received a

list of facilities who had not submitted data to the state and a list of facilities with up-coming site surveys in the following year. Members claimed various facilities to reach out to in a peer-support role to offer assistance with registry barriers and/or prepare for site surveys.

Regional Educational Opportunities:

- Feb 12 - Pediatric Topics in Trauma
- Feb 15 – Topics in Trauma at Stormont Vail
- Mar 27 – Ransom Trauma Education Symposium with EMSC and Children’s Mercy
- KU is hosting a series of ATLS and TNCC courses throughout the spring

NEKRTC’s regional symposium is scheduled for April 8, 2019 at Stormont-Vail

NCKRTC - Dr. Jake Breeding, given by Ren Morton

The last executive committee meeting was held on February 13, 2019. We have contracted with the City of Concordia to serve as the fiscal agent for the North Central region. Statewide Commercial Advertisement Initiative – pool money for a Kansas trauma system commercial. NCKRTC’s regional symposium is planned for early May 6, 2019 at Salina Regional Symposium. The next executive committee meeting will be held in person at Clay County Medical Center on February 13, 2019.

NWKRTC - Dr. Michael Machen, given by Ren Morton

The last executive committee meeting was held on February 13, 2019. Stop the Bleed is being taught in high schools across the region’s counties. NW had decided to allocate 13 kits purchased through the Statewide Stop the Bleed initiative to each county to continue this education initiative.

Regional Educational Opportunities:

- Feb 26 – Northwest Kansas Ancillary Healthcare Preparedness Summit will be held in Oakley, KS
- Mar 6 – Incident Action Plan Refresher Training will be held in Hays, Kansas

The NWKRTC regional symposium will be held on April 24, 2019 in Oakley, KS. The next executive committee meeting will be held at the regional symposium on April 24, 2019.

SCKTR - Kris Hill

The last executive committee meeting was held on January 24, 2019

Regional Educational Opportunity:

- Feb 2 – Advanced Surgical Skills for Exposure in Trauma (ASSET) Course

SCKTR’s regional symposium will be held on April 22, 2019 at Wesley Medical Center. The next executive committee meeting will be held in-person at the regional symposium on April 22, 2019.

SEKRTC - Pat Lucke

The last executive committee meeting was held on February 21, 2019. Members of SEKRTC developed an injury prevention calendar and are in the process of printing the calendar in collaboration with Frontenac High School. Calendars will be printed and distributed for the CY 2020. The Crawford County Health Department was awarded the KDHE injury prevention mini-grant in the amount of \$650 for bike helmets. Crawford County Health Department also received an award from the Opioid Prevention Grant to develop a mental health and substance abuse coalition. Crawford County Health Department will be in conversations with KDHE this spring to discuss SBIRT training. Crawford County Health Department will be hosting a stepping-on class this spring. Stacy Trester from Neosho Memorial Regional Medical Center is the new chair for the SE Injury Prevention Committee.

Regional Educational Opportunities:

- Guardians of the Heart went very well this year with over 500 attendees
- Mar 19 & Apr 11 - Labette Health is offering TNCC refresher and provider courses respectively
- Mar 8 - Labette Health Trauma Conference

SEKRTC's regional symposium will be held on April 18, 2019 at Labette Health. The next executive committee meeting will be in-person at the regional symposium on April 18, 2019.

SWKRTC - Cathy Heikes, given by Tina Pendergraft

The last executive committee meeting was held on January 2, 2019. SWKRTC is partnering with EMSC to execute a Safe Transport Educational Roadshow where they take the training to various sites around the regions. Attendees will have the ability to request funding to purchase a safe transport device upon completion of the educational component. Haskell County is hosting a second Stepping-On class this Spring. SWKRTC's regional symposium will be held April 3, 2019 in Dodge City. The next executive committee meeting will be held in person at the regional symposium on April 3, 2019.

May 1, 2019 is the next scheduled ACT meeting and there will be a presentation on crash data by Kansas Department of Transportation.

With no further business, Dr. Harrison adjourned the meeting.