

**Kansas Advisory Committee on Trauma Meeting  
Kansas Medical Society  
623 SW 10th Avenue  
Topeka, Kansas  
May 1, 2019  
10:00 am – 3:00 pm  
MINUTES**

**Members Present:**

Dr. Paul Harrison, Ronald Marshall, Tina Pendergraft, Carol Perry, Darlene Whitlock, Janet Kemmerer, Larry Salmans, Dennis Mauk, Dr. Jake Breeding, Dr. Michael Machen, Kris Hill, Patricia Lucke, Cathy Heikes, Dr. Dennis Allin, Senator Barbara Bollier.

**Interested Parties:**

Jason White, Kim Molik, Tracy McDonald, Brinton Baker, Joe House, Kenna Young, Dan Hudson, Lois Towster, Randi Koehn, Megan Landwehr, Carol Perry, Kendra Baldrige, Stephen Lowry, Chris Bortz.

**Trauma Staff:**

Wendy O'Hare, Danielle Sass, Tracy Cleary, Ren Morton

**Call To Order:**

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

**Approval of Minutes:**

Darlene Whitlock made a motion to approve the minutes from February 27, 2019. Dr. Machen seconded the motion. Motion carried.

**ACS-COT Region 7 Update:**

Injury Prevention Committee Meeting: Performance Update-TQIP worked for a year undoing Taxonomy Stratification (every complication in the adult world) to provide more details in the program. Alpha and Beta testing was done by KU. They decided that it was going to be too intense for the Registry due to the amount of time registrars would spend inputting data. The change in entering complications has been tabled for now. In the Fall, at the TQIP meeting the college is putting out a document on the "care for domestic violence and interpersonal violence, child abuse and geriatric abuse." It will provide guidelines for the standard of care for these categories.

Soon the college will be abandoning the anticipated and unanticipated mortalities with opportunity for improvement column and replacing with "mortality with and without opportunity for improvement". It is still sitting on the Executive Counsel's desk to be signed off. Expecting signage in the Fall.

The TQIP Committee is still working with different vendors that are more applicable to “real life.” Most centers only have about 40% of their patients going into the TQIP report. Needs to be refined.

Firearms safety is a huge priority with the college. Working on a firearm safety toolbox which will combine recommendations from the American Academy of Pediatrics, The Pediatric Trauma Society and The American College of Surgeons to create a document that is user friendly for Health Care Providers for families on firearm safety in a non-offensive way that keeps emphasis on child safety.

The Blue Book is slowly progressing—only about 4 chapters are complete. The emergency medicine chapter has a lot of changes. Various chapters are 30-40% complete. The biggest hurdle at present time is that most rural emergency departments do not have board certified emergency medicine physicians on staff. This will be a requirement and the college is still working on how they will address this in the rural areas of the country.

Pediatric Disaster Management: A 6-hour course is being offered by the KDHE Preparedness Program and taught by Dr. Dennis Cooley. Recommended for all providers to take it. Kansas developed the standards for medical care in a natural disaster called Crisis Standards for Care. This document is in need of updating.

Dr. Breeding is now the Vice-Chair for Kansas. He will be representing Level III Trauma Centers.

OB-- Four outcomes for pregnancy during trauma: (Dr. Haag and Dr. Kaufman)

1. Do not trust the bioscience of a pregnant woman. They can have nearly double the blood volume of a non-pregnant woman. Fetal blood pressure can be different than the mother’s blood pressure.
2. Do fluid-restrict a pregnant woman. There are two trauma patients. Fetal compromise is more likely.
3. In a Motor Vehicle Crash: If the force was significant to cause injury or death to any person in the crash, you must assume that the fetal patient is compromised and send the mother to a Level 1 Trauma Facility immediately. Do not under-triage the patient(s).
4. There is not a place to put the “record” of a fetal patient in-vitro maternal patient in the trauma registry. The Registry needs to be taught differently to include the fetal trauma. EMS also needs to be taught to about obstetrical situations in an MVA. The ACT can distribute a document to every hospital to obtain more information regarding obstetrics in MVA protocols.

Amusement Park Rides: There should be information made available for public awareness prior to getting on amusement park rides. Create a Child Injury Toolkit. Currently, there are no regulations for amusement rides. These toolkits could then be

sent to the schools before summer session begins to get into parents' hands. SAFE KIDS might help with this.

#### Program Updates:

Dr. Norman could not make meeting. Michele King is the new Trauma Registry Coordinator. Tracy Cleary will be leaving EMSC program. Stop the Bleed continues to be taught: 2 classes so far this year (40 people). 3 more Instructors in the Curtis Building. Stop the Bleed Junior will be taught to high school and middle school students in the future. Wendy O'Hare is the Stop the Bleed Coordinator for the State.

May is National Trauma Awareness month. The Trauma Program had a proclamation signed by Governor Kelly. Nurses week ends May 12<sup>th</sup> which is Florence Nightingale's birthday. National EMS week begins May 19<sup>th</sup>.

We are encouraging trauma programs to have new staff members notify the Trauma office of any staff changes. This form is on our website at [kstrauma.org](http://kstrauma.org).

Report from ACS states: There are 560 Stop the Bleed Instructors in Kansas—gaining 38 more in the month of March. 8288 people have been trained in Stop the Bleed. We are now in the top 10 for the country. Presentation for Stop the Bleed is changing at the end of May. There will be a new version available for download soon and all instructors must use the new version beginning in June.

Ren - In the process of renewing site surveyor and fiscal agent contracts for SFY 2020. We have designed a new brochure to explain the Trauma Regions. This will be available on our website in the coming months. A new trauma funding application will be posted in July. It is hopeful this new application will open more creative avenues for funding request and encourage engagement from Local Health Departments, EMS, and other providers on the trauma continuum.

We are at the conclusion of the Symposiums for the Regions. With the registration numbers for NC included, 337 participants total will have attended these six events. NEKRTC came in first with a showing of 78 participants, with NWKRTC as a close second at 67 participants.

Almost all the regions have adjusted their funding reimbursement policy to increase ATLS, TNCC, and PHTLS to accommodate for the increased pricing of the new curriculum. Most of the regions have deleted the tiered funding structure for TNCC. Darlene reminded folks the KS Emergency Nurses Association has funding available for a TNCC course in each of the six trauma regions. The 2020 reimbursement policies will also include guidelines for distributing the Stop the Bleed kits.

Program updates for individual sites are underway. We have twelve facilities undergoing their initial designation and designation renewal process at this time.

Tracy—Resources have been updated on the EMSC website. Guidelines for national pediatric specific transfers. Algorithm cards (PECARN) were made to help medical teams decide whether pediatric patients need CT. These will soon be available in Spanish as well. The hospital Pediatric Ready survey will be launched in June 2020. ACS is pushing for standards to change for pediatric trauma in the Blue Book. National Pediatric Readiness Project guidebook will be completed in the very near future.

Danielle— Update on policy group:

Inclusion Criteria: The inclusion criteria card has been updated to include all cases with a full trauma team activation. There was confusion over “over/under triage and active trauma team activation” since each hospital has their own activation criteria. The policy group recommends full trauma team activations to line up with what is in the orange book. The registry alignment project will include clarification between full and partial trauma activation to clarify over/under triage on patients that qualify for registry inclusion.

Transport accidents: The trauma registry data from 2016-2018 showed 11,333 cases (23% of all cases) were transport accidents. Cases ranged between 3,500 and 4,000 each year. Men had twice as many transport accidents as women over this time-period. The case fatality rate was 4.2 per 100 transport trauma cases in men compared to 3.0 in women.

In transport cases, motor vehicle – driver is the most common mechanism of injury at 40.6%, followed by motorcycle at 13.7%, motor vehicle – passenger at 13.2%, ATV at 6.8% and pedestrian at 6.2%. Almost all cases, 99.5%, are unintentional. The total % of trauma cases due to transport ranges from 19.5% to 26.3% in the regions. When looking at age the highest peak of cases is at 20 years old. The ages of 15-24 make up 21.1% of all trauma cases due to transport.

Traumatic injuries due to motorcycles are most common among those 35-64. Traumatic injuries due to ATVs are disproportionately higher in children aged 14 and under (11% in 1-4 year-olds, 17% in 5-9 year-olds, and 23% in 10-14 year-olds) looking at all transport traumas. Pedestrian injuries are highest in 1-4 year-olds (26% of transport cases in their age group). Pedal-cycle cases are highest in 5-9 and 10-14 year-olds (21% and 18% of transport cases in their age group, respectively).

Among those injured in ATV accidents, helmets were worn 15% of the time. Among those injured in motorcycle accidents, helmets were worn 38% of the time. Protective clothing was worn 10% of the time. Among those injured in pedal cycle accidents, helmets were worn 24% of the time. Helmets were worn in 25% of cases 16 and under.

Members of the committee made suggestions that the public be provided with pictures of helmets worn by ATV trauma victims to relay the need for safety information. Carol Perry moved that the ACT endorse a recommendation that children (16 and under) be required to watch a safety education video before purchasing an ATV. Janet Kemmerer seconded. Motion carried.

Legislative Update: Senator Barbara Bollier gave a brief update on the 2019 session. Encouraged ACT to make a recommendation on speed limits. Nebraska just passed a speed limit law of 80mph. She was concerned about an increase in trauma and deaths. The Senate did not have enough votes to pull the Expanded Medicaid Bill up to “below the line” meaning into committee.

Trauma Plan Revision: Wendy inquired if it would be beneficial to divide the plan into sections for easier revision? Committees needed to be formulated. Suggestions were made as to some of the revisions and the issues behind them. Is now the best time to tackle that problem? A survey to be mailed out was suggested. Recommendation was made for adding Ad Hoc and formal members by ACS.

Regional Trauma Council Reports:

North Central: The last executive committee meeting was held on February 13, 2019. Statewide Commercial Advertisement Initiative – pool money for a Kansas trauma system commercial. NCKRTC’s regional symposium is planned for May 6, 2019 at Salina Regional. The executive commit will be held at the conclusion of this symposium.

Northeast: The last executive committee meeting was held on April 8, 2019 in person at Stormont Vail Health during the Regional Symposium. NEKRTC claims BIS Assessment Priority 302.6- Mandatory system-wide prehospital trauma triage criteria are used to ensure the identification of all major trauma patients. NEKRTC felt they have made progress on strengthening relationships with EMS and would like to continue work in this area. NEKRTC received \$30,291.84 in funding requests for this quarter for ATLS, PHTLS, TNCC education as well as Home Safety, Driving Safety, Fall Prevention, Trauma Brain Injury, Car Seat Safety, and Community Baby Shower initiatives. NEKRTC has two Local Health Department Representative positions open on their Regional Trauma Council for which no nominations were forthcoming. We will continue to solicit nominations for these positions until filled. At the symposium, there was discussion of the Farmer’s Bill for Suicide Prevention as a possible area to focus injury prevention efforts toward. The next executive committee meeting will be held on June 10, 2019 as a conference call.

Northwest: The last executive committee meeting was held on April 24, 2019 in-person at Oakley during the Regional Symposium. NWKRTC would like to focus their SFY 2020 Budget and attention on finding appropriate fall prevention initiatives for their rural counties. NWKRTC elected not to claim a BIS Assessment Priority for SFY 2020. NWKRTC received \$4,364.32 in funding requests for ATLS and TNCC education as well as a Car Seat Check/Community Baby shower and Stepping-on Program. NWKRTC will spend the remainder of their SFY 2019 funds on an education grant to Foundation 10-33 to offer a series of courses on Provider PTSD and debriefing training, purchasing additional tourniquets, and car seats for local health departments conducting car seat check events. NWKRTC would like to welcome Vickie Duffey as their new Nurse Representative. NWKRTC would like to add two Midlevel Provider

Representative positions to their Regional Council. However, the positions on the executive committees are defined in statute. The next executive committee meeting will be held on August 14, 2019 as a conference call.

South Central: The last executive committee meeting was held on April 22, 2019 in person at Wesley Medical Center during the Regional Symposium. SCKTR would like to focus their SFY 2020 budget and attention on fall prevention education including providing injury prevention tools to assisted living centers, senior centers, EMS training to conduct home assessments, community paramedic training, and STEADI program materials. SCKTR would like to claim BIS Assessment Priority 104.3 – Available mass casualty resources. SCKTR would like to strengthen their emergency disaster planning capabilities outside of the Sedgwick County area and work more closely with local health departments to strengthen resource awareness. Plans include increasing information sharing, creating a resource map, including the Special Victims Unit and Forensic Science Center in planning, function testing of Incident Command Centers, and possibility funding a 2020 regional disaster testing initiative. SCKTR received \$26,365.84 in funding requests for this quarter including ATLS and TNCC education along with requests for fall prevention, bleeding control, driving safety, pedestrian safety, and safe transport initiatives. SCKTR would like to welcome Judy Hodgson as their new Hospital Administrator Representative. Due to the retirement of Nancy Zimmerman, SCKTR will pursue Pratt Regional Medical Center as their new Fiscal Agent with Jack Kennedy serving as treasurer for the council. The next executive committee meeting will be held in-person at the regional symposium on April 22, 2019.

Southeast: The last executive committee meeting was held on April 18, 2019 in-person at Labette Health during the Regional Symposium. SEKTRC will be purchasing fall prevention education materials with the remainder of their SFY 2019 funds. SEKTRC will be increasing their prehospital line item allocation in their SFY 2020 budget and encourage prehospital providers to apply for funding. SEKTRC claims BIS Assessment Priority 303.4 – An organized system for monitoring interfacility transfers within the trauma system. SEKTRC would like to focus their attention in SFY 2020 on strengthening relationships and inclusion of EMS and Local Health Department providers to establish a multi-disciplinary team to address regional performance improvement topics and other regional trauma system issues. SEKTRC received \$4,900.00 in funding requests for ATLS and TNCC requests for this quarter. SEKTRC would like to welcome Misti Bond from Labette Health as their new Nurse Representative and Rebecca Adamson from Crawford County Health Department as their new Local Health Department Representative. Tereasa DeMeritt, formerly a Nurse Representative, now assumes the role of Hospital Administrator Representative in place of Kathy McKinney. SEKTRC would like to engage primary care providers in the trauma system in SFY 2020. Discussion focused on hosting a Primary Care symposium focused on fall prevention, creating a condensed packet of fall prevention tools with local health departments, and utilizing technology to promote the resources and education in medical staff meetings. More details to come. The next executive committee meeting will be in-person at Neosho Memorial RMC on June 20, 2019.

Southwest: The last executive committee meeting was held on April 3, 2019 in person in Dodge City during the Regional Symposium. SWKRTC has decided to direct their SFY 2020 budget and attention to special populations and regional PI: 1. Purchasing fall prevention promotional materials and funding training. 2. Focus on special population trauma education for persons with autism, down syndrome, disabilities, group home living, etc. 3. Provide education on regional performance improvement in terms of providing more HIPPA training to calm fears of discussing cases, how to avoid boundary conflict, and how not to damage transfer relationships. SWKRTC claims BIS Assessment priority 207.4 Trauma System public information & education plan. With only one Kansas Designated Level IV Trauma Center in the SW Region (Satanta), the region is interested in increasing awareness of the trauma system and encouraging other facilities to apply for and complete their designation processes. SWKRTC received \$9,531.00 in funding requests this quarter for fall prevention, bleeding control initiatives, and ATLS education. SWKRTC would like to welcome Malachi Lones from Hamilton County Hospital to their Council as their new Hospital Administrator Representative. SWKRTC has a nurse representative position open. Nominations after the symposium are awaiting general membership consent. The next executive committee meeting will be on July 3, 2019 as a conference call.