

## Kansas Advisory Committee on Trauma Meeting

Kansas Medical Society

623 SW 10th Avenue

Topeka, Kansas

November 7, 2018

10:00 am – 3:00 pm

### Committee Members Present

Dr. Paul Harrison, Chair

Dr. Dennis Allin, Vice Chair

Dr. Craig Concannon

Dr. William Sachs

Senator Vicki Schmidt

Ron Marshall

Carol Perry

Tina Pendergraft

Darlene Whitlock

Janet Kemmerer

Dennis Mauk

Larry Salmans

Pat Lucke

Wendy O'Hare

### Representing

KS Medical Society

KS Board of EMS

KS Medical Society

NEKRTC Representative

Chairperson,  
Public Health & Welfare Committee

KS Hospital Assn

KS Hospital Assn

KS Hospital Assn

KS Nurses Assn

KS Nurses Assn

EMS Administrators

KEMTA

SEKRTC Representative

Director, KS Trauma Program

### Committee members not present

Dr. Kim Molik

Dr. Michael McClintick

Dr. Jake Breeding

Dr. Michael Machen

John Hultgren

James Higgins

Cathy Heikes

Kris Hill

Senator Laura Kelly

Representative Daniel Hawkins

Representative

KS ACS-COT

KS Assn of Osteopathic Medicine

NCKRTC Representative

NWKRTC Representative

EMS Administrators

KEMSA

SWKRTC Representative

SCKTR Representative

Ranking Minority Member,  
Public Health & Welfare Committee

Chairperson,  
Health & Human Services Committee

Ranking Minority Member,  
Health & Human Services Committee

## **Guests**

Dan Hudson	University of Kansas Medical Center
Tracy McDonald	University of Kansas Medical Center
Carinda Trowbridge	Providence Medical Center
David Acuna	Wesley Medical Center
Kenna Young	Lawrence Memorial Hospital
Meghan Landwehr	Wesley Medical Center
Don Fishman	Overland Park Regional Medical Center
Lois Towster	Overland Park Regional Medical Center
James Haan	Via Christi St. Francis
Joe House	KBEMS
Randi Koehn	Wesley Medical Center
Jason White	MARC
Tammy Newberry	Stormont Vail Health
Farah Ahmed	KDHE
Cherie Sage	KDHE
Diana Lippoldt	

## **Call to Order**

Dr. Harrison called the meeting to order at 10:02 a.m.

## **Approval of Minutes**

Dr. Harrison called for a motion to approve the minutes from the August 15, 2018 meeting. Carol Perry was listed as a guest when she is a member of the committee. Dennis Mauk made the motion to approve the minutes with the corrections. Ron Marshall seconded the motion. Motion carries.

## **Officer Elections**

Dr. Harrison asked Wendy O'Hare to call for nominations for Chairperson of the committee. Darlene Whitlock nominated Dr. Harrison to remain as the Chairperson of the ACT. Dennis Mauk seconded. With no further nominations or discussion, Wendy called for nominations to cease. Motion carried.

Dr. Harrison called for nominations for the Vice Chairperson position. Darlene Whitlock nominated Dr. Concannon and Dr. Harrison seconded. With no further nominations or discussion, Dr. Harrison closed the elections.

## **Trauma Program Update**

Wendy introduced Ren Morton, who began her employment with the Trauma Program in September as the Regional Trauma Coordinator. Ren gave a brief description of her background which includes four years in the domestic violence field as the Employment Services Manager. More recently, Ren completed her Masters Degree in Public Administration which she received at the University of Kansas.

Ren gave an update of Level IV Trauma Centers:

- Currently have 40 Level IV Trauma Centers in Kansas
- Seven on-site surveys are under way for the remaining year
- There's an estimated sixteen on-site surveys to be conducted in 2019
- Ten facilities have expired with no application received, Ren will be reaching out to these facilities to inquire about their plans
- Two facilities have been denied, one of which has now reapplied
- Seven facilities have submitted a Letter of Intent but have not followed through with the process

Ren gave an update on the regional education funding

- She described the process when requests are received
- Education requests funded in 2018 include:
  - 22 ATLS courses totaling \$16,300
  - 4 PHTLS courses totaling \$5,194
  - 9 TNCC courses (with one instructor course) totaling \$14,918
  - 1 RTTDC course at \$773
  - 1 TCAR course for \$1,500
  - Stepping On \$1,660
  - 1 ALSO course for \$350
  - All regions combined spent just under \$41,000 in education requests
  - During Q1 and Q2 of State Fiscal Year (SFY) 2019 (July 1-Nov 7), the regions have received \$12,457 in education requests which accounts for less than 4% of the total combined budgets

Ren reported the trauma program is updating the education application which will now include an expense tracker and will be sent to the regional councils for feedback. The required expense affidavit has been causing a lot of confusion.

Ren gave an update on the regional Stop the Bleed project. The regions are finalizing the amount they will allocate to the project. North American Rescue has quoted \$36.99 if more than 1000 kits are purchased. BoundTree Medical will be submitting a quote soon. Currently, there is a combined \$35,000 allocated by four regions. Two regions have yet to determine the amount they will spend. Ron Marshall asked if the regions are collaborating with the HCCs in this project. Ren briefly described their involvement.

Tracy gave an update on the medical recognition project. Tracy asked for volunteers to assist in looking at trauma regulations and statutes to find common verbiage. This is needed so facilities who choose to become recognized as pediatric ready don't have multiple standards they are required to abide by. Dr. Harrison asked Tracy to speak with Dr. Molik, Meghan Landwehr for their interest in serving on this subcommittee. Darlene Whitlock also volunteered. Tracy will facilitate a conference call. The next project Tracy will be working on is pediatric transfer guidelines and agreements.

Trauma Registry trainings held by the vendor in October. Sixteen attendees each at Wesley Medical Center and Overland Park Regional Medical Center.

Discussion was had regarding the need to train registrars about what 'closing a chart' actually mean vs submitting reports. Level IVs are struggling because they don't understand the process and/or language.

Statewide Symposium was held October 10 at Wesley Medical Center. There were 100 attendees. The 2019 Symposium will be held October 9<sup>th</sup>. Staff are securing the location. Dr. Harrison would like to see the focus of the symposium shift to allowing the regions to get together and work on how they affect trauma in the state as a whole.

2019 ACT meeting dates are on the bottom of this agenda. Melinda will be sending out Outlook meeting notices this week.

Danielle Sass gave an update on the trauma registry. The National Trauma Data Bank changelog for 2019 was reviewed. As the year end nears, Danielle is preparing for a major update with NTDB which will affect web and local users. The Realignment Project is moving forward with a contract amendment. The hope is this project will be launched by the end of January.

Danielle gave a presentation highlighting data which was shared at the most recent Policy Group meeting as well as feedback received from the 2018 Statewide Symposium.

- Danielle reviewed, with the Policy Group, acceptable procedure codes from the benchmark reports. It was decided to keep the procedure list and focus on educating registrars on the correct procedure code to choose as well as how to utilize the benchmark report.
- Trauma staff have updated documentation with a step-by-step guide for usage of the on-demand reports available to facilities.
- The Policy Group currently does not recommend for the ACT to adopt the GCS at 40 scale.
- The policy group would like to access TXA and tourniquet use
  - Currently this can only be seen in data from sites with a local trauma registry.
  - The reconciliation project will allow for all sites to collect that data in the future.
- Potential priority areas to focus on in 2019
  - Falls (58% of cases, 2.4 per 100 case fatality)
    - In 2017, most counties in Kansas have at least 10 cases of falls.
    - Fractures were the most frequent nature of injury at 68% of fall cases.
    - The most common body region injured in fall cases was extremity at 41%.
  - Motor Vehicle (20% of cases, 3.8 per 100 case fatality)
    - Among Occupant, Motorcycle and Pedestrian cases the most common nature of injury was fracture followed by internal organ injury.
    - Traumatic brain injury occurred in 20-25% of cases in Occupant, Motorcycle, and Pedestrian.
    - Pedestrian cases had the highest number of injuries in the lower extremity body region (31%).
    - Only 40% of motorcycle cases were wearing a helmet.
    - Seatbelt usage was less than 50% of occupant cases
    - Among child (8 years and under) motor vehicle occupants, 55% were in a child restraint.
  - Struck By/Against (6% of cases, 0.4 per 100 case fatality)
    - The nature of injury was 47% fractures and 23% internal organ injuries for these cases

- Most common body regions impacted were other head, face and neck (30%), TBI (23%) and lower extremity (19%)
    - 1/3 of cases were assault
    - These injuries occurred most commonly at place of residence (39%) followed by sports and athletics areas (12%)
  - Firearm (3% of cases, 11.4 per 100 case fatality)
    - 53% of cases were assault, followed by 27% unintentional and 13% intentional self-harm.
    - Injuries occurred most commonly at place of residence (45%) followed by street/highway/paved roadways (24%).
    - The case fatality rate was 4.4% among assaults, and 15.2% among intentional self-harm. An area of note is that cases that make it into the trauma registry survived long enough to make it into a care pathway. These numbers may look different in violent death data.
  - Intentional Self-Harm
    - Most common nature of injury was an open wound (39%) followed by fracture (18%) and internal organ injury (16%).
    - The most common body regions of injury were other head, face and neck (28%), upper extremity (27%), and TBI (15%).
    - Forty-three percent of cases were by cut/pierce, and 28% were by firearm.
    - Sixty-five percent of cases were injured at their place of residence
  - Assault
    - The most common natures of injury were fractures (33%), internal organ injuries (28%), and open wounds (24%).
    - Most common body regions impacted were other head, face and neck (28%), TBI (19%), and lower extremity (13%).
    - Forty-one percent of cases were from being struck by or against (41%), firearms (33%), and cut/pierce (16%).
    - Injuries occurred most commonly at place of residence (39%) followed by sports and athletics areas (22%).
  - In Q1 2019 the program can focus on falls, in Q2 motor vehicle crashes, in Q3 violent injuries, and in Q4 performance improvement (PI).

Dr. Allin asked about how the trauma registry tracks anticoagulation medications in patients. Danielle advised the registry currently does not track this but with the update, this will be information gathered.

Dr. Harrison stated the BIS assessment indicator the ACT was going to focus on was priority number 205.3 which states, "The trauma management information system (MIS) is used to assess system performance, to measure system compliance with applicable standards, and to allocate trauma system resources to areas of need or to acquire new resources." The registry clearly indicates falls are the main area of concern and the focus needs to be there. If each region would adopt a priority from the BIS assessment as a focus over the next year, these may be obtainable. Wendy provided copies of the dashboard of the BIS Assessment. Dr. Harrison asked members of the committee to be also be prepared to continue working on this. Dr. Haan suggested the regions should look into generating more participation from their general memberships. Dr. Harrison agreed the regions seems to be working in silos and if each one takes a priority, then reports can be given at the annual

symposium in October. Each of the priorities had previously been assigned to a subcommittee. Many of these members have changed.

Melinda is completing the update of the 2019 Data Dictionary. This will be posted on the website.

Dr. Molik was unable to attend the meeting and did not provide an update.

### **NE Trauma Council**

The last executive committee meeting was held on October 8, 2018. The Health Department Position for this region remains vacant. David Seastrom has been nominated as the region's Pediatric Care Coordinator (PECC). This region is participating in the Statewide Stop the Bleed Initiative. They have formed a subcommittee to develop the application and distribution process for the kits once they are purchased. Nebraska Medicine was awarded a \$3M grant to participate in the new Regional Disaster Health Response System. This new initiative is intended to be a multi-state effort. We do not yet know if they will reach out to us for collaboration. NEKRTC's regional symposium is scheduled for April 9, 2019 at Stormont-Vail. NEKRTC was pleased to fund 6 ATLS courses, 2 TNCC courses, and 1 RTTDC course to date for the calendar year 2018. The next executive committee meeting will be held in person at Holton Community Hospital on December 10, 2018.

### **NC Trauma Council**

The last executive committee meeting was held on October 9, 2018. We are in conversation with Salina to serve as NCKRTC's fiscal agent moving forward. Sue Cooper has retired. KDHE Preparedness Program has contracted an outside vendor to coordinate the HCC activities. NCKRTC's regional symposium is planned for early May 2019. NCKRTC was pleased to fund 4 ATLS courses, 2 TNCC courses, and 1 PHTLS/TECC course to date for the calendar year 2018. The next executive committee meeting will be held in person at Clay County Medical Center on February 13, 2019.

### **NW Trauma Council**

No quarterly updates at this time. The next executive committee meeting will be held next week on November 14, 2018.

### **SC Trauma Council**

The last executive committee meeting was held on October 25, 2018. SCKTR's regional symposium is tentatively scheduled for April 25, 2019. They have formed a planning committee who will begin organization of the symposium in November. SCKTR was pleased to fund 7 ATLS courses, 1 TCAR course, and 1 PHTLS course to date for the calendar year 2018. The next executive committee meeting will be held on January 24, 2019.

### **SE Trauma Council**

The last executive committee meeting was held on October 4, 2018. Members of SEKRTC developed an injury prevention calendar and are in the process of printing the calendar in collaboration with Frontenac High School. The Regional EMS Council held a CISM Training course. 30 people attended and provided great feedback. This course trains people to provide debriefings to EMS, first responders, and other healthcare providers after mentally challenging calls. The State Search and Rescue team has filled all of their physician positions. Dr. Stebbins has been assigned to taskforce four as team doctor. This task force will be developing the medical protocol for the medical specialist

over the next year. They will also be discussing medication storage with the hospitals in various regions. Dr. Stebbins has been assigned to the Medical Advisory Council or MAC for the Kansas Board of EMS. They will be discussing EMS protocols. SEKRTC's regional symposium is tentatively scheduled for April 18, 2019. SEKRTC was pleased to fund 4 ATLS courses, 4 TNCC courses, and 1 PHTLS course to date for the calendar year 2018. The next executive committee meeting will be held on December 20, 2018. Pat Lucke retiring at end of the year, will continue to serve out her Regional Council term (June 2019)

### **SW Trauma Council**

The last executive committee meeting was held on October 17, 2018. This region is participating in the Statewide Stop the Bleed Initiative. This region is also in the process of purchasing Pediatric Safe Transport equipment. Loren Ashlock, the SW PECC is the contact on this project. Stepping-On Leader Class was held in August and those instructors are now in the process of setting up the two required courses they need to teach. Ford County hosted a Free Core Components Education course for EMS in October. SKEMS Region 2 meeting was held in Garden City to discuss the AEMT medication list. The public was welcome to comment to the committee regarding the refinement of this list. SWKRTC's regional symposium is planned for early April 2019. SWKRTC was pleased to fund 1 ATLS course, 1 TNCC course, 1 ALSO course, and 1 Stepping-On Leader course to date for the calendar year 2018. The next executive committee meeting will be held on January 9, 2019.

Dr. Haan gave a presentation on pros and cons of TXA administration.

Darlene reported there was a recent article presented at ACS Clinical Congress naming Kansas, among many states, as having poor access to a trauma center which leads to a higher death rate

### **Adjournment**

Dr. Harrison adjourned the meeting at 1:02 p.m.

### **2019 ACT Meeting Dates**

February 6, 2019

May 1, 2019

August 21, 2019

November 6, 2019