

Kansas Advisory Committee on Trauma Meeting

Kansas Medical Society

623 SW 10th Avenue

Topeka, Kansas

August 15, 2018

10:00 am – 3:00 pm

Committee Members Present

Dr. Paul Harrison, Chair

Dr. Craig Concannon

Dr. Michael McClintick

Senator Vicki Schmidt

Ron Marshall

Carol Perry

Darlene Whitlock

Janet Kemmerer

John Hultgren

Dennis Mauk

James Higgins

Pat Lucke

Cathy Heikes

Kris Hill

Dr. Jake Breeding

Dr. Michael Machen

Dr. Kim Molik

Wendy O'Hare

Representing

KS Medical Society

KS Medical Society

KS Assn of Osteopathic Medicine

Chairperson,
Public Health & Welfare Committee

KS Hospital Assn

KS Hospital Assn

KS Nurses Assn

KS Nurses Assn

EMS Administrators

EMS Administrators

KEMSA

SEKRTC Representative

SWKRTC Representative

SCKTR Representative

NCKRTC Representative

NWKRTC Representative

KS ACS-COT

Director, KS Trauma Program

Committee members not present

Dr. Dennis Allin, Vice Chair

Dr. William Sachs

Tina Pendergraft

Larry Salmans

Senator Laura Kelly

Representative Daniel Hawkins

Representative

KS Board of EMS

NEKRTC Representative

KS Hospital Assn

KEMTA

Ranking Minority Member,
Public Health & Welfare Committee

Chairperson,
Health & Human Services Committee

Ranking Minority Member,
Health & Human Services Committee

Guests

Dan Hudson	TUKHS
Dr. Justin Green	TUKHS
Carinda Trowbridge	Providence Medical Center
Lana Martin	CMH
Kenna Young	LMH
Meghan Landwehr	WMC
Lois Towster	Overland Park Regional Medical Ctr
Tracy McDonald	University of Kansas Medical Center
David Seastrom	Children's Mercy Hospital
Joe House	KBEMS
Randi Koehn	WMC
Jason White	MARC
Tammy Newberry	Stormont Vail Health
Brian Dixon	CMH
Cammie Townley	Hays Medical Center
Brinton Baker	Stormont Vail Health
Con Olson	TECHS EMS
Danielle Sass	KS Trauma Program
Tracy Cleary	KS Trauma Program
Dr. Don Fishman	Overland Park Regional Medical Ctr

Call to Order

Meeting called to order at 10:00 a.m.

Dr. Paul Harrison, Chair

Approval of Minutes

Dr. Harrison expressed concern with a statement in the meeting minutes of May 2 with regards to the budget information presented by Dan Thimmesch (KDHE CFO) referencing that a portion of the funding stream for the Trauma program included confiscated property from Sherriff's sales. This has been verified as being correct and is included as a line item in the budget handout. Dr. Allin's name will be corrected. Ron Marshall will be shown as seconding the motion to approve the minutes of the May meeting. Darlene Whitlock made the motion to approve the minutes with the corrections. Dr. Machen seconded the motion. Motion carries.

Dr. Paul Harrison, Chair

Trauma Program Update

Wendy O'Hare, KS Trauma Program Director

- The Statewide Symposium is October 10, 2018, at Wesley Medical Center, in Wichita. Registration is through KS-Train which will be launched soon, as well as a fully developed agenda.
- The process of updating rules and regulations has been changed. Senator Vicki Schmidt explained that the previous process had changed due to a new Legislative Bill. Currently, the first step is to send the rule or regulation to the Division of Budget. If the cost exceeds \$3 million, an appointed person in the Division of Budget can stop the process.
- Dr. Harrison raised the question of a budget audit. Senator Schmidt said that anyone of the Legislators could request an audit from the Legislative Post Audit which would go through a committee. Another alternative would be to hire an independent CPA firm which would require that an RFP be sent.

- The program had funds rescinded during one fiscal year that was never reinstated. Senator Schmidt said that if there had been a sweep of those funds, like other programs, and the law was changed because of it, then the trauma fund would not have any recourse to recovering funds from the sweep. Senator Schmidt stated that introducing a new bill would be the only way to handle that situation.
- Wendy reported that the contract with the registry vendor had been signed and placed into effect, with the Vendor agreeing to perform training in Kansas that never occurred during the previous contract. The trainings have been scheduled for October 15 and 16 at Wesley Medical Center and October 17 and 18 at Overland Park Regional Medical Center. Registration for the Registry Trainings will be on KS-Train with information going out soon.
- Wendy will be meeting with Dan Thimmesch to present a budget enhancement request for a percentage of state general funding to be restored to the program.
- Two interviews were scheduled for the Regional Trauma Coordinator position, after receiving only two qualified application packets. Only one actual interview was held. The position was re-posted and two more completed application packets were received. The next round of interviews will be on the following Monday.
- The education application for the regional reimbursement funding has been placed on each regions page on our web site so it is more accessible. Since the last ACT meeting, we have received two applications for level IV re-designations and are working on dates to formulate a survey team for those hospitals. We also have three other hospitals who received either a one-year designation or were denied and we continue to work with them to get their information together.
- Dr. Machen was named the 2018 Kansas Family Physician of the Year.
- Attendance numbers for the regional symposiums have increased this year. The South East Kansas region had 36 attendees at their symposium held in Chanute. The North Central Kansas region symposium held in Salina had 41 attendees. The North East region symposium was held in Topeka with 55 attendees. The South Central Kansas region symposium was held in Wichita with 58 attendees. The North West Kansas symposium was held in Oakley with 64 attendees. Their symposium has been held at the Buffalo Bill Cultural Center which is worth visiting if you are in the area. The South West Kansas region symposium was in Dodge City and had 65 attendees. For the past several years, the South West Kansas region has held their symposium at the Sheriff's office and they have completely outgrown the conference room facility. A different venue is being considered for next year.

Trauma Registry Update

**Danielle Sass, Epidemiologist
Kansas Trauma Program**

Danielle reported on conferences and educational events that she had been fortunate enough to attend:

- The Council of State and Territorial Epidemiologists (CSTE) Annual Meeting
 - Danielle was sponsored by the CSTE Injury ICD10 Transition Workgroup to attend the Injury workshop and CSTE Meeting
 - This was her first time attending their national conference. It was a wonderful experience for networking and seeing the most recent research and data methodology for injury and trauma data
- NASEMSO Trauma Data Analysts Workgroup
 - This workgroup includes many trauma epidemiologists and researchers
 - Statewide projects and best practices are reviewed
- Advanced SAS report writing training

Danielle gave a presentation on:

- Targeted indicators from the benchmark reports
- EMS response time
- transfer time to proper TBI facilities
- The ACT approval for adding in data variables to the registry on reasons for missing indicators
- Percentage of diagnostic procedure tests completed at referring facilities of critical transfers

- Of those that qualified but didn't meet the critical transfer within an hour indicator, 76% had a diagnostic test completed

Discussion on Hospital Feedback and Regional PI Implementation

- The appropriateness of the critical transfer benchmark was discussed and how to identify the correct level of care needed.
- Members of the ACT discussed the need for identifying if there is improvement on the number of lives being saved and the quality improvement of patient life for decision making. Hoping this information being made public to increase funding.
- There was a discussion on improving feedback between receiving and transferring facilities.
 - Improving by providing patient care summaries, outcomes, and performance improvement feedback.
- Dr. Green said that if they were ever to get a handle on actual outcomes and quality of care, then being able to link into the evolution of care from EMS on scene all the way to transfer to tertiary centers, then in his opinion, regional and state PI is needed.
- Darlene commented that she had heard on numerous occasions that feedback was not received and questioned protected information.
- Dr. Harrison said that as long as the people in the meeting were identified as being members of the PI committee, then the PI is protected. He believes one of the biggest issues now is time management, and getting people together at the same time. He commented that part of the impediment that continues is that there is no linkage with the EMR data base.
- Randi Koehn suggested a method used by other states, where the transferring and receiving facility provide trauma numbers of the patients that were entered into the registry by their facility to be added to the other facilities record. This allows for linkage of the cases.
- Dr. Harrison said the Committee wants to get the most bang for its buck from the system, and a regional PI was needed to convince the legislature and more importantly, the public, that the program was worth having around. The data is needed to do this. Each region will be charged with setting up a schedule for PI each quarter. Doing this by conference call will be sufficient.
- Danielle asked if the Committee was wanting to look at transfer outcomes and if there were there other indicators that can be added in - related to performance or data from the tertiary care facility. If hospitals are finding individual PI indicators or outcomes they need that are not in the benchmark report, we can add those measures into the benchmark report to improve the usefulness.
- ACT members said they wanted to see what came out of these PI meetings first, then would ask to add to the benchmark report as needed.
- Dr. Harrison said that the regional committees need to publish their PI meeting dates.

Danielle concluded this portion of the presentation with:

- Chest tube indicator:
 - The AIS and ICD-10 CM codes for pneumothorax and hemopneumothorax do not describe severity that will assist with improving the indicator.
 - Almost all the cases were coded to "not further specified" in AIS the and in the ICD10.
- Airway indicator.
 - We are seeing that this could be an educational component at the Level IV and undesignated. The feedback received on this during the policy group is that it isn't an easy fix and isn't feasible for some of these hospitals to send providers to ATLS training
 - Dr. Harrison said while these providers have had the training, there are facilities who will call in their paramedics for the intubation as they don't feel comfortable performing one.

Danielle presented the annual data for 2017 in a power point slide show. Some of the highlights are:

- The mechanisms that contribute to the highest number of traumatic injuries are falls, motor vehicle accidents, and firearms.
- Intentional injuries (such as abuse, assault, and intentional self-harm) have high fatality rates.
- In the next year we will focus in more detail on the different factors related to the predominate

mechanisms of injury. For example, with falls as a mechanism of injury, looking at TBIs and rib fractures.

- For the first quarter meetings, we will focus on falls in more detail. During the 2nd quarter, we will focus on motor vehicle traffic analysis, supplemented with data from KDOT.
- Darlene commented that the farmers and the self-harm suicide rate for returning soldiers has been discussed, but warrants even more discussion, with the new farm bill providing grant money for prevention that should be considered by the regions.

Dr. Harrison said that for the past two decades, nothing has been done to involve more programs with rehabilitation as far as how mental health affects trauma patients. The regarding firearm death, mass shootings account for less than 20% of firearms deaths, while 80% are suicides due to firearms are probably all related in some way to mental health. The major issue is mental health that we haven't been addressing.

Topics in Trauma

Pediatric Imaging in Trauma
(See Attached Presentation)

Dr. Kim Molik, Kansas ACS-COT

ACS Update

Dr. Kim Molik, Kansas ACS-COT

Revision of the Orange book continues, with chapters 1, 2, 3, and 4 are completed. Chapter 7 will be done this Friday. Chapter 16 is still in progress. There are a huge number of deletions that were deemed redundant or difficult to prove or disprove, with Chapter 2 seeing the most significant decrease. The biggest discussion is if there is going to be volume trends for level IIs and some debate on level III or IV, when they transfer up, how that communication is undertaken. Diversion hours will be changed. Previously you could have 5% of diversion hours per year, but now it's going to be 3% per year, about 275 hours per year you're allowed for diversion for Level Is and Level IIs.

EMSC Update

Tracy Cleary, KS EMSC Program

- The Kansas EMSC State Partnership funding is part of a larger EMS for Children Program that also funds; Targeted Issue (TI), State Partnership Regionalization of Care (SPROC) and Pediatric Emergency Care Applied Research Network (PECARN) grants. As research, studies and best practices are produced and released, the Kansas EMSC Program will make sure all hospitals in Kansas have the latest pediatric information.
- The Kansas Pediatric Scenario Guidebook has been given to all 174 EMS agencies across Kansas. This resource can be used for pediatric scenario based training for medical, respiratory and trauma 'calls'. A PDF printable version is housed on the EMSC website.
- A nationwide ED survey is getting ready to close. 125 out of 129 Kansas EDs have completed the survey (96.9% response rate). This assessment is specific to pediatric interfacility transfer guidelines and agreements.
- The Kansas EMSC Advisory Board met yesterday, August 14th for their annual in person meeting here in Topeka. The number trauma concern is continuing to work with the Trauma Program for consistency in language concerning two performance measures specific to recognition.
- Carry-over funding has been applied for and we are awaiting the final decision. If funding is awarded, Dr. Molik will work with the program in developing a resource for all EDs in the state concerning the current practice and guidelines for pediatric head CTs.

Kansas Trauma Plan

Wendy O'Hare
Kris Hill
Darlene Whitlock

Kris and Darlene looked at ways to decrease Level IV site visit costs. The following were considered in decreasing the costs:

- Decreasing the costs the physicians and nurses are given for designations.
- The extended duties of the regional coordinator position at the main office.

- A paper review.

Cutting the physicians and nurses pay for site visits significantly reduces costs. Raising the amount of money the facilities pay for designations is another way to cut costs. Several other items to consider as cost cutting measures:

- An adoption of what the KDHE crew does for hospital visits whereby someone from the Trauma office does their own site review and gives material gleaned to the physician, nurse, or committee doing the site review.
- Several variations of that proposal have been discussed as well: the trauma staff member and one of the trauma nurses do the site survey; or if just the trauma staff is doing the walk-through, an iPad or similar device can be used for live stream or face-time.
- Dr. Harrison opined that a paper review does not work. He also added a couple of other considerations that would add to the complexity of a reduced staff site-visit, such as a facility having its first ever review and a re-review of a facility. The suggestions seemed reasonable items to consider with something needing to be accomplished soon.
- The next step might be to send out the proposed stipend revision to all the active surveyors.

Regional Trauma Council Reports

NEKRTC

**Wendy O’Hare on behalf of
Dr. William Sachs**

The North East Kansas Regional Trauma Council was supposed to meet on this last Monday, but there were a lot of executive committee members who had previous commitments. The date will be rescheduled, with no firm date yet. The regional symposium was held on May 1. During the symposium, they had executive committee elections and Dr. Kari Jerge from KU was elected to the committee as was David Seastrom and Darren Hall. They have a vacant health department position they are seeking to fill.

NCKRTC

**Wendy O’Hare on behalf of
Dr. Jake Breeding**

The North Central Kansas Regional Trauma Council meeting was last week, August 8 in Beloit. Their trauma symposium was held on May 22 in Salina Regional Health Center. The executive committee welcomes Dr. Mark Banker from Mitchell County Hospital Health Systems to fill one of the two physician positions and Dr. Jake Breeding was elected as the chairperson. There are multiple hospitals, EMS services, and several health services that are teaching Stop the Bleed classes. Dickinson County purchased a mannequin and they are willing to travel around the region to teach Stop the Bleed classes. Salina Regional is hosting their Trauma Symposium on September 27 at the Hilton Garden Inn. The featured speaker is Dr. Lenworth Jacobs from the Hartford Consensus. If anyone is interested in attending that it is on our education calendar on our website or you can get ahold of Rachelle Giroux, also. A considerable amount of time was spent talking about an issue or trend they are seeing in their region with the difficulty of getting an ambulance to take a transfer. There are several hospitals that are struggling. There’s a multitude of reasons, not one specific reason. They are continuing to assess the problem and come up with a solution. During the discussion, there didn’t seem to be any critical patients or adverse outcomes from these delays, but it is felt that will be coming. The region is still looking for a fiscal agent. Mitchell County Regional Hospital was their fiscal agent, but they have a lot of projects going on, so they decided not to renew their contract. The next meeting is October 9 in Wichita, the night before the Statewide Symposium.

NWKRTC

Dr. Michael Machen

The North West Kansas Regional Trauma Council symposium was at the Buffalo Bill Cultural Center in Oakley. There was a lot of discussion with good folks. A suggestion for next year’s symposium includes a PI item, and have, somebody from Wesley, Via Christi, or KU give a presentation. We welcomed Roy Litfin from Quinter to the executive committee for one of the two EMS positions. Katie Crossland was elected to the executive committee in the Hospital Administrator position. Centura out of Colorado is working with a couple of facilities to obtain Level IV status – Rawlins County and Goodland. They are wanting to set up some TNCC and ATLS courses in the area. TNCC classes have been scheduled in Colby in October and ATLS scheduled in Hays for

October also. Hays Medical Center is sponsoring a Trauma Symposium August 24. The Regional EMS council is planning to offer continuing education opportunities, also. The next meeting is November 14 by conference call.

SCKTR

**Wendy O'Hare on behalf of
Kris Hill**

The South Central Kansas Trauma Region meeting was held on July 26. Their symposium was on April 26 at Wesley Medical Center, and Randi Koehn was elected to the executive committee. Rhonda Lask from Via Christi has for several years in a row, done an injury prevention project. This year it was the printing of posters and the executive committee wrote a letter to all the high schools in the region about the posters which deal with Drunk Driving and Texting While Driving. The posters will be put in the high schools in the region.

SEKRTC

Pat Lucke

The South East Kansas Regional Trauma Council's last executive committee meeting was June 21. The regional symposium was held on April 19th in Chanute. At that time, we welcomed Dr. Brett Dunbar who was elected to serve as one of the two physician positions. The committee decided to once again fund the calendar project and Naomi Powers from Via Christi is leading this project. The Frontenac High School students developed the graphics. Many of our regional partners are teaching the Stop the Bleed class throughout out the region. The Regional EMS Council is hosting a Critical Incident Stress Debriefing course September 10-12 at Downstream Casino. Labette Health hosted a Kids Camp on June 8. There were several of us who taught a TNCC instructor class to the region, which has added four additional TNCC instructors to the Region which was greatly needed. The next meeting is tomorrow at Via Christi Hospital in Pittsburg.

SWKRTC

Cathy Heikes

The South West Kansas Regional Trauma Council's last executive committee meeting was July 11th. The regional symposium on April 11th at Ford County Sheriff's department and had our best turn out ever. We elected Debbie Brown to serve as one of our two EMS positions that was open. She is also going to be the Executive Committee Chairperson. We have a new physician on the board, Dr. Edwin McGroarty from Liberal. He is serving as one of our open physician positions. The South-West region is hosting a Stepping On Leadership class in conjunction with the Injury Prevention program at KDHE. It is August 28 - 30th at Satanta. There are still some open positions if someone is interested. We elected to purchase some pediatric transport devices for some of our EMS partners in the region that don't currently have them. This is going to be a two-year project. Our next meeting is by conference call on October 17.

Other Announcements and News

Darlene wanted to remind everyone that the Kansas Emergency Nursing Association has scholarships - \$1,000 for each of the six trauma regions for TNCC and a \$1,000 for each of the six trauma regions for ENPC.

Kris, Cathy, Pat, and Darlene reviewed the Trauma Plan and are going to get a work group together. As part of that plan, Darlene requested that the EMS Director be an ex officio member. A very successful all-day workshop was held last Thursday with 25 EMS Directors from around the state. One of their roles is to work with the Medical Directors on protocols.

Meeting Adjourned

2019 ACT Meeting Dates

February 6, 2019

May 1, 2019

August 21, 2019

November 6, 2019