

# Advisory Committee on Trauma

## AGENDA



<b>Date:</b>	August 5, 2020
<b>Location:</b>	Microsoft Teams <b>OR</b> (if no computer is available) 785-414-8630 Conference Code: 774 873 508#
<b>Time:</b>	9:00 a.m. - 12:00 p.m.

### HOUSEKEEPING ITEMS:

<b>Meeting Purpose:</b>	Quarterly Meeting
<b>Call to Order:</b>	
<b>Approval of Minutes</b> May 13, 2020	Motion: 2 <sup>nd</sup> :
<b>Attendees:</b>	

### STATUS REPORTS:

<i>Provided by:</i>	<i>Items:</i>	<i>Summary</i>
<b>Dr. Kimberly Molik</b>	<b>ACS-COT Region 7 Update</b>	
<b>Wendy O'Hare</b>	<b>Program Update</b>	
<b>Ren Morton</b>	<b>Trauma Center Update</b>	
<b>Brittney Nichols</b>	<b>EMSC Update</b>	
<b>Jill Cavender</b>	<b>Registry Update</b>	
<b>Danielle Sass</b>	<b>Epidemiologist Update</b>	
<b>Joe House</b>	<b>KBEMS Update</b>	
<b>Ron Marshall</b>	<b>KHA Update</b>	

<b>Topic: Regional Trauma Council Updates</b>		
<b>NEKRTC:</b>		
<b>NCKRTC:</b>		
<b>NWKRTC:</b>		
<b>SCKTR:</b>		
<b>SEKRTC:</b>		
<b>SWKRTC:</b>		
<i>Action Item(s)</i>	<i>Person Responsible</i>	<i>Deadline</i>

## WORKING AGENDA:

<b>Topic</b>	Trauma Program Funding		
<b>Discussion Summary:</b>	Time will be spent brainstorming funding ideas to sustain the program		
<b>Decision:</b>			
<b>Motion:</b>			
<i>Action Item(s)</i>	<i>Person Responsible</i>	<i>Deadline</i>	

<b>Topic</b>	Trauma Center Designation Process		
<b>Discussion Summary:</b>	<ol style="list-style-type: none"> <li>1. ACT Review Committee</li> <li>2. Digital submission process</li> <li>3. Virtual on-site surveys</li> </ol>		
<b>Decision:</b>			
<i>Action Item(s)</i>	<i>Person Responsible</i>	<i>Deadline</i>	

<b>Topic</b>	Firearm Sub-committee		
<b>Discussion Summary:</b>	This item will remain an agenda item for further discussion.		
<b>Decision:</b>			
<i>Action Item(s)</i>	<i>Person Responsible</i>	<i>Deadline</i>	

## PUBLIC COMMENT:

Issue	Raised By	Summary	To Be Discussed At

## NEXT MEETING:

<b>Date:</b>	November 4, 2020
<b>Time:</b>	9:00am - 12:00pm
<b>Location:</b>	Microsoft Teams

## 2020 EVENTS:

<b>Statewide Symposium</b>	October 7, 2020 <b>(Cancelled)</b>
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# Advisory Committee on Trauma



# MINUTES

<b>Date:</b>	May 13, 2020
<b>Location:</b>	GoToWebinar and conference call
<b>Time:</b>	10:00 a.m. - 12:00 p.m.

## HOUSEKEEPING ITEMS:

<b>Meeting Purpose:</b>	Quarterly Meeting
<b>In Attendance:</b>	Dr. McClintick, Dr. Berry, Dr. Molik, Larry Salmans, Stacy Trester, Jennifer Middlekauff, Con Olson, Olivia Desmarals, Dr. Machen, Dr. Khreiss, Ron Marshall, Dr. Concannon, Dr. Allin, Darlene Whitlock, Kris Hill, Jan Kemmerer, Dan Hudson, Randi Koehn, Dr. Harrison, Nate Cunningham, Drew Talbott, Tracy McDonald, Dr. Haan, David Seastrom, Lois Towster, Tina Pendergraft, Meghan Landwehr, Kris Hill, Kenna Young, Brinton Baker, James Higgins, Cammie Townley, Tammy Newberry, Todd Goetz, Rachelle Giroux, Juli Heitman, Cara Magness, Wendy O'Hare, Danielle Sass, Ren Morton, Jill Cavender, Brittney Nichols
<b>Call to Order:</b>	10:05 AM
<b>Approval of Minutes February 2, 2020</b>	Motion made by Kris Hill to approve the minutes from the February 2, 2020 meeting, seconded by Darlene Whitlock. Motion carried.  Wendy asked for an agenda addition of officer elections and special recognitions. Dr. Concannon welcomed Dr. Stepheny Berry, trauma medical director of The University of Kansas Health Systems, as a new member to the committee.
<b>Elections</b>	Dr. Concannon made a motion to elect Dr. Stepheny Berry as Chairperson. Dr. Machen seconded the motion. Discussion from Darlene Whitlock included her appreciation of all Dr. Kim Molik has offered to the committee and continues to do so, as well as Dr. Concannon for his leadership of the committee during the months without a chairperson. With no further discussion nor nominations for the position, Dr. Concannon closed the nominations and reported the approval by the committee in favor of Dr. Berry.
<b>Special Recognitions</b>	The committee wishes to offer its sincere gratitude to Dr. Paul Harrison for his years of service. Dr. Harrison humbly accepted the committee's award of service.  Dr. Jake Breeding was also recognized for his years of service to the committee and the north central trauma region with a similar award.

## STATUS REPORTS:

<i>Provided by:</i>	<i>Items:</i>	<i>Summary</i>
<b>Dr. Kimberly Molik</b>	<b>ACS-COT Region 7 Update</b>	The spring meeting was held by webinar. Some of the highlights: All of the usual courses from ACS are on hold except ATLS. Guidelines for holding an ATLS course are included in the packet and gives information on lectures and skills stations. It is quite detailed about how the classes are expected to proceed in this current environment. The hybrid course is also gaining a lot of momentum due to COVID-19.  TQIP Update: Meeting December 6-8 2020, Phoenix, AZ. The new best practices guidelines for pain management will be released at this meeting.

		<p>Stop the Bleed classes are currently on hold.</p> <p>ASSET: Revised and 1 &amp; 2 day courses fully vetted, hoping to resume in late summer but not yet completely determined but late summer is the goal. As of right now they are on hold.</p> <p>Orange Book Revision: Blue Book is awaiting executive committee approval and should be available by fall meeting.</p> <p>EMS &amp; EMSC: Prehospital pediatric checklist and revision of ped and adult field triage guidelines. Revision will take about 18 months. Hopefully taking into account rural areas.</p> <p>Injury Prevention: Fast group: \$50 million proposal (Firearm Strategy Team) to congress for research and prevention strategies.</p> <p>ISAVE Group about domestic violence and all of the strategies and resources for prevention, hoping to join that group in the fall. Child abuse a gigantic problem in state of KS and domestic violence is way up as COVID has come to the forefront.</p> <p>The first Firearm Injury Prevention Scholar has been chosen. It's a 2-year position, fully paid. Expectation that she comes out of research fellowship with some significant ways to contribute to firearm injury prevention.</p> <p>Advocacy Committee: Firearm Safety Legislation efforts are rampant across the US. Biggest advocacy group.</p> <p>Performance Improvement: Best practices guidelines should be released in fall.</p>
<b>Wendy O'Hare</b>	<b>Program Update</b>	<p>Trauma staff are all working remotely. Communication is best through email. Staff focus has been diverted to supporting the agency's COVID-19 efforts through assisting the KDHE hotline as well as contact tracing. A limited amount of time is available for trauma-related activities.</p>
<b>Ren Morton</b>	<b>Trauma Center Update</b>	<p>The PRQ Revision committee is being formed. There is frustration from facilities the with length of time it's taking to get an on-site survey date. This topic was featured at the Level IV workshop in February. We have two new site reviewers and a revised application to try to alleviate the backlog. However, with the current pandemic, these delays will continue into the foreseeable future due to a travel ban currently in place. Darlene Whitlock inquired about the number of facilities which are not seeking designation renewal. Ren reported that out of the eight which have expired, only two are not seeking renewal, two facilities have merged and that facility is working towards designation, one facility who rescinded their designation is currently working to grow their program back up and will apply again in the future.</p> <p>We understand that resources have been pulled away from even thinking about the designation process. We are willing to work with hospitals &amp; look into this as we move forward. This is completely new to all of us, we don't want to penalize a hospital because their efforts have been pulled in another direction to keep their communities safe. All agreed support is important for all facilities. A copy of the extension letter was included in the packet. All facilities have been given a year extension. There was discussion about when the on-site surveys would begin again. Travel for state employees is currently discouraged. Trauma staff have resurrected discussions about virtual on-site surveys. Discussion about how to proceed will continue.</p>

<b>Brittney Nichols</b>	<b>EMSC Update</b>	<p>EMS Survey 86.3% participation~ kudos for participation  NPRP Postponed- new date TBA  Preparing to launch EMSC lending library program  PERK- in person meeting/progress delayed due to COVID-19 travel/meeting restrictions  EMS Week- May 17<sup>th</sup>-23rd, EMSC Day- May 20<sup>th</sup></p>
<b>Jill Cavender</b>	<b>Registry Update</b>	<p>Users group meetings have been moved to be held prior to quarterly submissions. Next meeting will be May 20<sup>th</sup> at 1pm via webinar. 2020 Quarter 1 submissions are due May 31<sup>st</sup>. A look at trauma numbers over the last 5 quarters to see impact of COVID-19. Numbers for 2020 Q1 are still incomplete but does indicate an extreme decrease in trauma numbers for the quarter. There was discussion about the benchmark reports which are provided to each facility as well as the regions. Danielle agreed to develop more education about these.</p>
<b>Danielle Sass</b>	<b>Epidemiologist Update</b>	<p><b><u>Late Referral Reason Field</u></b>  First quarter (Q4) for late referral findings. [See Slide]  About 1/3 due to &gt;6 hours in ED or Resus - this is from when they were brought in, from assessment and possibly resuscitation process. Weather and natural factors were not as high as expected for the end of the year.</p> <p>This is information collected from the initial facility. It is the decision process of being able to get a person brought into the facility and the decision of whether they need to be admitted or not. This needs to be clarified for admission.</p> <p>There was discussion on overlap and understanding the differences between the 3 highest groups. Want to have better field options and have definitions for them . The &gt;6 hours in the ED or Resus is to be removed.</p> <p>Education will be developed on filling in this field. The field will be moved to the outcomes tab for the facility sending to fill out.</p> <p>Discussion on delayed transfers between facilities and transport providers: Not initially recognizing the patient as a trauma, waiting for transport, sometimes weather, getting patients stabilized, waiting for a surgeon within the facility and then determined to move to higher level of care.</p> <p><b><u>ED visits in 2020: COVID impact (ESSENCE data)</u></b>  [See Slide] Daily total ED visits – KS residents. Slight decline since the outbreak started. You can see the steady drop as a result of what has been going on. We are currently in week 20, but this goes out to week 18.</p> <p>Traffic related visits: Nationally we heard accidents that were happening were more severe, but there is a decrease in traffic accidents overall. We did see an increase of traffic related emergency visits between the end of April and beginning of May.</p> <p>ED visit counts for intimate partner and sexual violence, showing decrease in 2020 vs. what was going on 2019. What we have been told is that there has actually been an increase, but the decrease is just because there is less reporting and less people seeking care for what they may not deem as life threatening. We think there is under-reporting.</p> <p>The American Pediatric Society is frequently putting out memos regarding the increase in domestic abuse, violence and sexual abuse since pandemic.</p> <p>What is being seen on the patient care side?</p>

		<p>Level 1s volume down between 40-57%. Saw a dip in intimate partner violence, cancer, and CHF patients. They thought if they came to ER to be seen then they would die of COVID. Severity is higher in the cases that do come in, but much less of the minor traumatic injuries. Starting to see the volume of patients bounce back. Pediatric trauma volumes have exponentially increased. Kids at home are having increased injuries, hit by cars, falling out of trees. EMS has had highest number of refusals to go to the hospital that can be remembered. Need communication to reduce this. Traumas about the same in western KS, 1-70 and farm injuries.</p> <p>Continue to monitor and decide how to analyze and compare before during, and recovery data. Review the change in numbers and causes for out of hospital deaths during this time.</p>
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<b>Topic: Regional Trauma Council Updates</b>	
<b>NEKRTC:</b>	The region has LHD representative positions open but are struggling with recruitment. Last month and half they met twice to discuss COVID and resources in the region, information is available on the regional webpage.
<b>NCKRTC:</b>	Need to nominate new ACT representative. Have had discussions of facility needs, increase trauma centers from 5, EMS needs, council needs, clarity on their authority and goals and adjust content and timeframe of meetings.
<b>NWKRTC:</b>	Needs for the region were included on the presentation slide. The 2020 regional symposium was cancelled.
<b>SCKTR:</b>	The SC council has been discussing needs, promotion of disaster preparation, activities that also count towards designation. New clinic Patterson health (merged from two facilities), Kris has reached out to them about their trauma designation and they are working towards that.
<b>SEKRTC:</b>	Focus on fall prevention, funding for fall prevention trainer courses, coordinated regional fall prevention plan, and fall program package for providers. What we'll focus on is developing these packages virtually over the next year.
<b>SWKRTC:</b>	The council will be nominating a new ACT rep. They are focusing on regional engagement and hoping for more than 1 trauma center, and increase community understanding of trauma system.

<b>Topic</b>	COVID-19 Discussion	
<b>Discussion Summary:</b>	ATLS/TNCC/PHTLS Courses are being offered virtually or as a hybrid. The ACT will need to remain flexible if certifications expire because there aren't very many courses being taught. Darlene Whitlock is concerned about the number of folks who will be trying to attend courses once they are back to in person. She's available for any questions. Most courses being offered are giving priority to first-time students.	
<b>Decision:</b>	No decision made	
<i>Action Item(s)</i>	<i>Person Responsible</i>	<i>Action Item(s)</i>


### WORKING AGENDA:

<b>Topic</b>	Firearm Sub-committee
<b>Discussion Summary:</b>	The latest version was included in the meeting packet for review. No further updates were needed. Due to COVID-19, sending this document to Dr. Norman should be delayed. This will continue to be an agenda item.
<b>Decision:</b>	To remain as an agenda item

<b>Topic</b>	Legislative Update
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<b>Discussion Summary:</b>	HB 2527 was sent back to Rural Revitalization committee to be reworked, then COVID hit and that's where it still sits. We will continue keeping an eye on any movement with that.
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<b>Topic</b>	Wesley Medical Center's Trauma Patient Feedback Form
<b>Discussion Summary:</b>	Randi Koehn was going to give a short update on the process WMC has to provide patient feedback. Randi was unable to stay for the entire meeting.

<b>Topic</b>	Promotional Materials 
<b>Discussion Summary:</b>	Trauma staff have been working on becoming more visible with a social media calendar for May since it's trauma awareness month. We have developed hashtags, graphics for email banners, infographics, and added Pinterest buttons on our site. All of this helps Google recognize the program and increases visibility on the internet.

**PUBLIC COMMENT:**

<b>Raised By</b>	<b>Summary</b>

**NEXT MEETING:**

<b>Date:</b>	August 5, 2020
<b>Time:</b>	10:00am - 12:00pm
<b>Location:</b>	TBD
<b>Date:</b>	November 4, 2020
<b>Time:</b>	9:00am - 12:00pm
<b>Location:</b>	TBD