Kansas Regional Trauma Council
Meeting of Executive Committees
November 9, 2007
8:15 a.m. to 3:30 p.m.

Wesley Medical Center – Wichita
Cessna Conference Room

8:00 Registration & Refreshments

JJ Deckert thanked Wesley and diana. Introduced herself. Housekeeping. Planning members: jj, kris, diana, Susan mcdaniel and Stephen smith. Complete the evaluation. Jot down goals, suggestions and ideas, comments for the future to help the activities of the rtcs and councils. Rosanne rutkowski introduced kansas trauma program director, eric cook –weins, kendra Tinsley, myriah bowers in Topeka, and Kelly hennessee. Introduced paul Harrison.

8:15 Welcome & Advisory Committee on Trauma Update — Paul Harrison, MD, FACS, Chairperson, Advisory Committee on Trauma

Fifth annual meeting. Thanked for participation and support of state system. Plans submitted to state. All plans were approved. Never rejected one. First plans looked the same from region to region. Asking for more specificity from the state level. See minutes about recommendations in council minutes. Personalize them more. More accountability. Define better where the right place is. Now that hospitals are defining their roles, we want region to become more specific. Places still say take patient to closest hospital, that is inconsistent with the regional plans. Locals need to go to county commissioners and get those things changed. Encourage comm between facilities who are involved with that patient. Encourage direct comm and feedback from the designated centers to the referral centers. Way to look at diversion and the frequency and causes at the quarterly meeting of the rtcs. Regions develop a list of members who would dialigue with state sen and reps. When they wanted to pull funds last year, we did not have a lot of influence. Hosp. Designation. They are approved and the state is able to designate centers. It became law on November 2. they were submitted one year ago. Acs consultation visit. Establish a level 3 in every region. Parsons and hutch are scheduled this year. Coffeyville and pittsburg are done. Two more after the first of the year. Flex project funds. Local governments to use for improvement. Statewide consultation visit. Team would come in and look at our state trauma system and tell us what we need to do to improve our system or get where we want to go. 60,000. hrsa review of state trauma system using a program and facilitator to internally look at the system and analyze benchmarks. 35000. trauma center designation for cahs-level iv. Act is developing a subcomm to analyze these and make recs. On which one to proceed with. Funding base has doubled with driving force. Channel most of that within the regions. Level 3s will receive funding and regional support-fiscal agent. It does not require clinical capabilities….administrative more important. Indirects would be offset through the grant. Trauma registry. 123 hospitals using the registry-97% reported for the last quarter. Web based and stand alone. Act changes-rtc reps pam, dr. longabaugh, kha terry siek from hays.

8:30 National Highway Traffic Safety Administration (NHTSA) Re-Assessment Overview — Steve Sutton, Kansas Board of EMS

introduced by jj. See intro. Accolades to trauma included in reassessment. Handout was provided. Complete copy of nhtsa assessment provided.

9:30 Break

9:45 Legislative & ACS Level III Consultation Update — Howard Rodenberg, MD

KDHE Director of Health

Jj introduced Dr. Howard Rodenberg. KDHE program and policy update. See dr. rodenberg's presentation. Have rosanne put the presentations on line underneath krtc 2007 heading.

10:15 A Survivor's Story — Ashley Billbe

Dr. Smith was introduced to introduce Ashley Billbe. 2004 highway 50 accident as a passenger in a crash.

10:45 Regional Integration of Level III Trauma Centers — Darlene Whitlock, RN, MSN, Susan McDaniels, RN & Jeanette Coltharp, Janell

jj introduced Darlene. Handout is available. Goal setting. Next steps. Dr. moncure-progress noticed. Earmark funds to look at what acs has to say about our state sytem and our future. Verify what w are doing and what we might do the future. Almost 70,000 for that. Cost will be prohibitive. Gloria shared about the bis state evaluation. Gloria is contacting colleagues in other sates who have done the hrsa statewide. Funding for us now will go through august 31. intend to fund again the following year. Build on those funds. Act subcommittee is examining these issues right now. Bis is more like 35000. invite dr. moncure to the act committee? Crhis way-rural versus urban pres. Of darlenes should be done statewide. Just as many urban people need to relaize what goes on in rurals. Rttdc is great for rural, but at some point we need the urban center to understand what goes on in an rural center. Not a canned program, but get the message out. Don't hear the postives as much as the negative. Dr concannon-decision should be made upon pts medical condition. Real world is they are all political decisions. As evolved, now we can sit down and look at the styem and tackle the rural urban issue. Resource issue versus expertise issue. Rural physician has a lot of political power. If you embrace them and make them a part of your program, they will come into town and represent you. We are all hear for the same reasons and that is human life. From prehospital all the way through. Glria recognized this concept to the ACT on Wednesday. There are hospitals out there they could step up tomorrow and be level 3 and 4 cneters tomorrow. Get baseline assessment and education done and we'll have a program second to none. National meeting said don't want to be on interstate 80 or 70 you wont come back. This is about healthcare and trauma care. Legislative involvement has to increase. Dr. coles-transfer agreements. Easier to set up agreements with other systems versus their own. May be hard to get patients inside the system sometime. communication-connect with level 1, 2, 3 center to direct line telemedicine when the pt. Cannot be transported. All level 1 facilities have one number to get a hold of the trauma service. If you call the general number…need to get direct number to trauma center. Create placards with trauma center numbers for all hospitals and call regarding patient questions not just referral. There might be a way to put together a placard with all of the numbers to phone them. Central 800 number for consultation it is not just for transfer. It does not mean you have to transfer. The trauma surgeon will talk to you only if you have a question. Bob prewitt-Regional ems system and cah system is starting to talk about these issues too and we should really collaborate with those systems more effectively. Goal: collaborate more strongly with hospital networks and ems regions. Dr. moncure: agrees with urban centers understanding the smaller faciliites. Chris way: level 1s are considered the big boys and chris believes they have something to learn from smaller facilities. Janell-experience of a trauma room with 2 nurses and an er doc. Has learned a lot from them. Goal increase collaborations between all faciliites. Legislation leads and system for legilstion. Increase follow up between transfer and receiving facilities. Goal: Ceate a medical directors workshop.

11:45 Lunch (On-Site) and Networking

12:15 Kansas Disasters of 2007: Trauma Lessons Learned
Kris Hill, RN, MSN, Susan McDaniel, RN, Sherry Besser, RN, Chris Way, MICT, Eric Cook-Wiens

1:15 Regional Resources Case Review
W. Christopher Bandy, MD, FACS; Paul Harrison, MD, FACS; Michael Moncure, MD, FACS; Robert M. Pruitt, MD, FACS; R. Stephen Smith, MD, FACS

Positive comments about the physician case reviews from all levels.

2:15 Break

2:30 Next Steps 2008 Darlene Whitlock, RN, MSN

goal: autopsy-make autopsies mandatory. Support for legislation for graduated drivers licensing and primary seat belt law. Ask all regions to endorse. This year will really focus efforts on graduated drivers license. Prevention workshop held. Every trauma region represented but one due to a death. Nc ended up not coming. Teen driving, seatbelt, drinking and driving, falls, gun safety, helmets. Continue to include prevention as a goal. Continue the verficiation consultation process. On a regulary basis promote the things that are important to the trama councils. They lawmakers vitally need all of us to contact them. Simply said an email saying who you are and what you do. Goal: focus on mortality goals, scene times….look at on quarterly or annual basis getting closer to what benchmarks are. On regional and state level. The things you don't measure you wont be able to achieve. There is no disclosure on these types of goals. Gdl and primary seatbelt had the largest impact on death and disability according to driving force. Have to get these laws passed in kansas. Goal: better partnership with disaster preparedness. Goal: focus more on intentional injuries, child abuse, suicide. Start the discussion. Goals: look at plans to start to push the regional pi and help the state trauma registrar figure out how to do that. Education: get more specific about education needs and delivery of that education. Goal: elder safety such as elder driver---focus on it more. Goal: work on id badges for when you go to help with a disaster. Statewide: goal support that effort—diana lippoldt knows more. Support crossing state lines. Support development of these satewide databases and mechanisms. Follow up or continuation of the patient tracking. Look for funding and ways to continue that project and pilot statewide.

3:30 Adjournment