

KyTAC General Meeting
October 16, 2024, 2024
3:30 PM ET
[Meeting at Galt House, Louisville, KY]



Minutes

- **Opening & Welcome** was made by Chair Dr. Richard Cales. It was noted that we were one short of a quorum.
- **Minutes** from August 20, 2024, were approved as distributed without any changes.
- **Committee Reports:**
 - **Outreach/Advocacy:** Mr. Bartlett reported that while efforts to secure funding in the last Session of the General Assembly have not proven successful, there have been some private discussions by members of the trauma community with interested legislators about trying to find a way to fund the trauma program in the 2025 General Assembly (a non-budget Session) through a one-time allocation of unobligated state surplus money. These would go to the Trauma Care System Fund established in KRS 211.496. This could potentially be followed by regular General Fund appropriations in the 2026 Session.
 - **Data/Quality/Registrars.** Trish Cooper and Kim Denzik summarized some of the discussion from the Trauma Program Manager's meeting with regards to a potential change in the base system being used for the Kentucky Trauma Data Bank, linked to a package that the University of Louisville is moving to from Image Trend. UofL has offered that all Level-III and Level-IV trauma centers could utilize the platform package they are acquiring "at no cost" if the facilities would like to participate. Kim Denzik discussed forming a work group to finalize planning with interested Level II and IV facilities. [A copy of the UofL presentation is attached.]

Dr. Costich noted that they have started initial work on the 2023 Data Bank Report, and a review of where we are with 2024 data submissions to date. There appeared to be some data missing, and this has led to follow-up with a number of facilities which typically indicated that they had submitted the information to ESO. The KIPRC team is following up with the vendor for updates.

- **Education:** Tracie Burchett reported that the AIS 2015 Course was well attending, and finishing up just before the KyTAC meeting started. The 2025 Trauma and Emergency Medicine Symposium will again be at the Galt House in Louisville, October 23rd and 24th; with pre-conference activities on Wednesday, October 22.
 - Abby Bailey from the Pediatric Pandemic Network (PPN) announced that there will be a **Pediatric Disaster Course** in March. It will be free and will accommodate 50-60 registrants. More to come.
 - It was noted that with the growing interest in new Level-IV trauma centers, there is still a requirement for the trauma program's medical director to have participated in a Rural Trauma Team Development Course (RTTDC). This will be changing in the pending regulation changes to a recommendation for the TMD, and the team for a developing trauma program will still be encouraged to take the course. It was also noted that there is still a requirement for the TMD to have ATLS.
- **EMS for Children Programs:** Abby Bailey reported for Morgan Scaggs, who was unable to attend.
 - **Hospital pediatric readiness recognition program:** They completed a site visit at Baptist Health Hardin on July 30th. The facility passed with flying colors becoming the 12th ED to be recognized as Pediatric Ready. Site visits are scheduled for Morgan ARH on October 25th, and Owensboro Health Twin Lakes on November 15th. Applications received from Med Center Bowling Green and Owensboro Health Muhlenberg Community Hospital. Site visits to be scheduled.
 - EMS is making a regulatory change for safe transport devices on ambulances which goes into effect January 1st. KY EMSC and PPN are working together to help. They are working on a distribution plan for a limited number of devices for agencies committed to improving pediatric emergency care.

- KY EMSC is participating in a national collaborative working to set minimum standards for statewide pediatric recognition programs that could lead to minor changes in our ED and EMS recognition programs. All current and future participants will receive notice and time to adjust to any changes if needed.
 - They are working to finalize the date for the next KPECC meeting. It will be in early March of 2025, with a target date of March 5th. (March 4th, 6th, or 12th as potential alternatives). More to come.
 - **Verification:** Kim Denzik reported that Tug Valley ARH verification site visit went well, and they were recommended for redesignation.
 - Next pending ACS COT verifications are Norton Children’s Hospital, and the University of Kentucky hospitals in November.
 - Twelve (12) other facilities are coming due for verification in 2025. Kim Denzik noted that if members of a trauma team would like to participate as a member of a site verification team to please let her know. (Kim.Denzik@uoflhealth.org)
- **Old Business:**
 - Revisions to **Trauma Regulations:** Mr. Bartlett reported that the proposed changes to the current Trauma Regulations, which would primarily add the Pediatric Readiness requirements to the Level-IV criteria, have moved from the Cabinet for Family and Health Services, to the Legislative Research Commission (LRC).
 - *[According to information provided after the KyTAC meeting by Julie Brooks, a Policy Specialist with the Kentucky Department for Public Health, the amendments to the trauma regulations are currently open for public comment. The public comment period for these amendments will end November 30, 2024. As of October 23rd, the regulations are on the [December 10, 2024 agenda](#) of the Administrative Regulation Review Subcommittee (ARRS) meeting. This is the first of two legislative committees that must hear the regulations. If no public comments are received the regulations will stay on that agenda. If the department does receive comments the regulations will be moved to the January ARRS agenda, with an option to request an extension to February. Following the ARRS meeting where these regulations are heard, they will be referred to the second legislative committee. The second committee has between 30 to 90 days to decide to place administrative regulations on their agenda.]*
 - In a related matter, Commissioner Steve Stack has referred to KyTAC a request from the Appalachian Regional Health (ARH) System to make a modification to 902 KAR 28:030, which is the Trauma System Level IV Criteria. The proposed change would help rural ARH facilities working on a future Level-IV designation by allowing 24 hour “provider” coverage, with a responsible physician available either in-person or via telehealth for immediate consultation during a trauma team activation. Educational requirements for designated providers would be the same as they are today.
 - Jeneen Carman, ARH System CNO, and Dr. Bart Francis, ARH System Emergency Department Medical Director, noted that their experience in this area shows no degradation in the quality of care, and is similar to their experience in other areas of care within their rural facilities where physician recruitment has become difficult. They also stressed that their recommendation is consistent with the American College of Emergency Physicians (ACEP) Policy Statement, approved in June, 2023, related to “**Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department.**” *[A link to the full ACEP document is found in the attachments that follows.]*
 - The ACEP document notes that ACEP believes:
 - *PAs and NPs should not perform independent, unsupervised care in the ED.*
 - *The gold standard for emergency department care is that provided by an emergency physician. If PAs and NPs are utilized for providing emergency department care, the standard is onsite supervision by an emergency physician. The supervising emergency physician for a PA or NP must have the real-time opportunity to be involved in the contemporaneous care of any patient presenting to the ED and seen by a PA or NP.*
 - *ACEP acknowledges that there are currently workforce limitations in specific CMS-designated facility types in which supervision of a PA or NP by an emergency physician may be provided “Offsite” by telehealth means as follows:*
 - *Critical Access Hospitals (CAHs)*
 - *Rural Emergency Hospitals (REHs)*

- Since we did not have a quorum at this point in the meeting, Chairman Cales indicated that he would review the proposal with some of the physician associated organizational members of KyTAC, and bring the matter back at a future meeting for more discussion and a vote. The recommendation would then be forwarded to Dr. Stack, Commissioner of Health, for his review and appropriate action.
 - Chairman Cales noted that we have created a **Pre-Hospital Blood** working group to review current best practices, literature and protocols in this growing area of “Post Crash Care”. Major Chris Lokits, EMT-P, from Louisville Metro EMS (LMEMS), and KyTAC’s delegate for the Kentucky Board of EMS (KBEMS), has agreed to be the Chair. LMEMS is studying potential implementation of this program and has already been gathering this type of information from other urban systems using pre-hospital whole blood. We have previously shared some information on what several very rural states have developed, and this may be of value when looking at how to implement a similar program in rural areas of Kentucky. The Working Group will likely include: Dr. Andrew Bernard, UK; Dr. Blak Davidson, UK; Dr. Karan Shah, Baptist Health, and representative from the KY Chapter of ACEP; Dr. Ray Orthober, UofL, and Medical Director for LMEMS; and Dr. Eric Guerrant, ED Director for Ephraim McDowell, a local EMS medical Director, and a local county coroner. We have asked Chris to engage the appropriate staff from KBEMS, and potentially representatives from the three major blood centers in Kentucky, so that whatever is recommended can be implemented in a coordinated manner. If others are interested in getting involved, they are encouraged to reach out to Chris Lokits at Christopher.lokits@louisvilleky.gov.
 - There was no other Old Business to discuss.
- **New Business:**
 - Angela Kik, PMOCC Coordinator from the PPN, and Abby Bailey, discussed the development and role of a **Pediatric Medical Coordination Center** (PMOCC). This would be linked to the development of FEMA’s Medical Operations Coordination Centers (MOCC) across the country in the future. [There are illustrations to show the PMOCC and MOCC concepts in the attachments below.]
 - It was noted that Kentucky has essentially done Medical Operation Centers during the pandemic where they coordinated trading patients during periods of surge.
 - They are working with the healthcare coalitions on a statewide plan, and a dashboard, which they hope to have in about a year. The concept will work around a “hub and spoke” system most likely with Norton Children’s Hospital, where the PPN program is based, as the central “hub”.
 - **National Highway Traffic Safety Administration (NHTSA)** will be doing a statewide *EMS Assessment for Kentucky* November 19-22. The review will include this such as human resources, facilities, transportation, communications, public education/information, preparedness, medical direction, trauma systems, and evaluation. Dr. Bernard and Mr. Bartlett were invited to prepare information related to an overview of the trauma system. Trauma is included because trauma systems are part of the EMS system in several states, and there is an obvious co-dependency between the two.
 - There was no other New Business to discuss.
- **Next Meetings:**
 - Steering Committee meeting (virtual): November 19, 3 PM ET [Note that this may need to be moved due to several pending ACS COT site visits in November.]
 - Next Full KyTAC Meeting (virtual): December 17, 3 PM ET
- **Adjournment**



Dick Bartlett

KyTAC Secretary

KY State Trauma Program Director

RBartlett@kyha.com

[Note: For the November and December meetings we will use the regular ZOOM link from UofL Trauma Institute: <https://uoflhealth.zoom.us/j/91963079643> - Meeting ID: 919 6307 9643 - AUDIO ONLY: (312) 626-6799.]

KyTAC Appointed Members in attendance on October 16, 2024:

Title	First Name	Last Name	Suffix	Organization	Representative for
Mr.	Richard	Bartlett (3)	MEd	KY Hospital Association	KY Hospital Association
Dr.	Richard	Cales (1)	MD	Emergency Physician	At-Large
Dr.	Julia	Costich (2)	JD, PhD	KIPRC	Injury Prevention Programs
Mr.	Chase	Deaton		KY Trans Cab. Incident Mgmt.	KY Transportation Cab.
Dr.	Tony	Decker	MD	Owensboro Health Reg. Hospital	ACS, KY Chapter COT
Ms.	Fayette	Gauze	RN	Tug Valley ARH Hospital	Level-IV Trauma Centers
Dr.	Brian	Harbrecht	MD	UofL Dept. of Surgery	UofL Level-I Trauma Center
Dr.	Karan	Shah	MD	Baptist Health	ACEP, KY Chapter
Dr.	Steven	Vallance	MD	Frankfort Reg. Medical Center	Level-III Trauma Center

KyTAC Appointed Members absent on October 16, 2024:

Title	First Name	Last Name	Suffix	Organization	Representative for
Dr.	William	Barnes	MD	Livingston Hospital	KY Medical Association
Dr.	Andrew	Bernard	MD	UK Healthcare	UK Level-I Trauma Center
Dr.	Mary	Fallat	MD	Norton Children's/KY EMS-C	KY Bd of Medical Licensure.
Dr.	David	Foley	MD	Norton Children's Hospital	Level-I Pediatric Trauma Ctr
Ms.	Amber	Hamlin	RN	Nurse	At-Large
Dr.	Jacob	Higgins	RN	University of Kentucky	KY Board of Nursing
Ms.	Patty	Howard	RN	UK HealthCare	Emergency Nurses Assoc.
Mr.	Chris	Lokits	EMT-P	Louisville Metro EMS	KY Board of EMS
Ms.	Morgan	Scaggs	EMT-P	KY EMS for Children Program	Pediatric Trauma
Ms.	Sandy	Tackett	RN	Pikeville Medical Center	Level-II Trauma Center
Ms.	Ellen	Williams	RN	KY Children's/UK Healthcare	Level-I Pediatric Trauma Ctr

Others at the meeting:

April Anderson, Harrison Memorial Hospital
 Abby Bailey, RN, Pediatric Pandemic Network, Norton Children's Hospital
 Deb Baker, CHI St. Joseph London
 Ashley Bates, TJ Samson Hospital
 Dr. K. Blair, CHI St. Joseph London
 Michelle Broers, UofL Burn Center
 Tracie Burchett, UofL Trauma Program
 Jeneen Carman, RN, ARH Health System
 Trish Cooper, UK Trauma Registrar
 Kim Denzik, UofL Hospital
 Dr. Bart Francis, ARH Health System
 Shannon Hogan, Norton Children's Hospital
 Ben Hughes, UK Trauma Surgical Service
 Teri Johnson, Owensboro Health Twin Lakes
 Shelby Hatchell, TJ Samson Hospital
 Angela Kik, RN, PPN PMOCC Coord., Norton Children's Hospital
 James Kuhn, TJ Samson Hospital
 Brittany Maggard, RN, McDowell ARH
 Emily McGuffy, Medical Center, Bowling Green
 Dr. Ray Orthober, UofL Hospital, Louisville Metro EMS Med. Director
 Angie Reed, Pikeville Medical Center
 Candice Reynolds, RN, University Of KY Trauma Program
 Stephanie Sword, Pikeville Medical Cener
 Lydia Tims, Frankfort Regional
 Ward Wagenseller, UK Kentucky Children's Hospital

KY State Trauma Registry: Level III & IV Updates

Kim Denzik, MSN, RN
Trauma Program Director
UofL Hospital

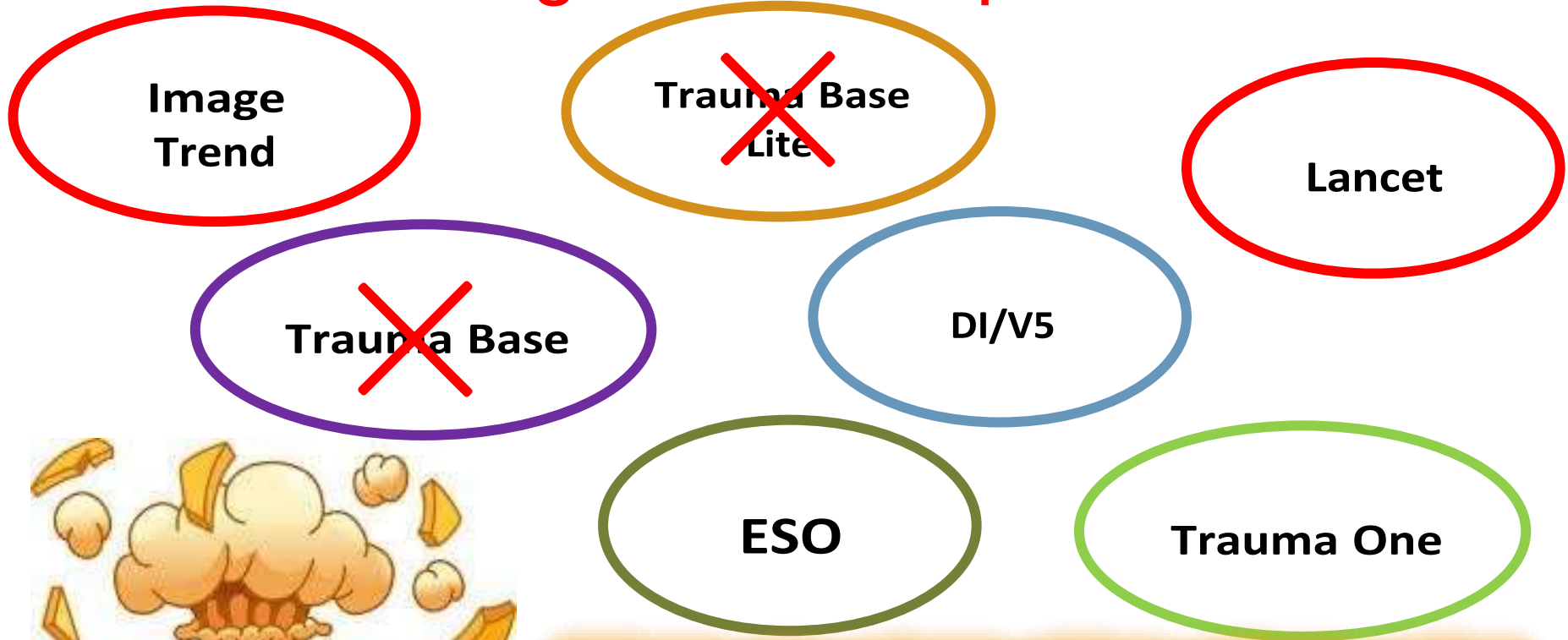




Current State

- The Kentucky Trauma Data Bank (KTDB) was established by state law (KRS 211.490 et seq.; 902 KAR 28:040) to be the state-wide repository for trauma data
- Housed administratively in the Kentucky Department for Public Health and managed by the Kentucky Injury Prevention and Research Center (KIPRC), a unit of the University of Kentucky's College of Public Health
- All trauma centers designated by the Commissioner of Public Health in the Kentucky Trauma Care System maintain trauma registries that are compatible with the National Trauma Data Bank (NTDB) standards established in the National Trauma Data Standard Data Dictionary
- The same standards apply to trauma centers in the process of applying for designation
- The trauma centers upload their trauma data electronically to the KTDB at least quarterly
- **ESO** is the vendor that manages the downloading and compilation of data from participating trauma centers, including unverified facilities that report to the data bank, and supplies the data to the Kentucky Injury Prevention and Research Center

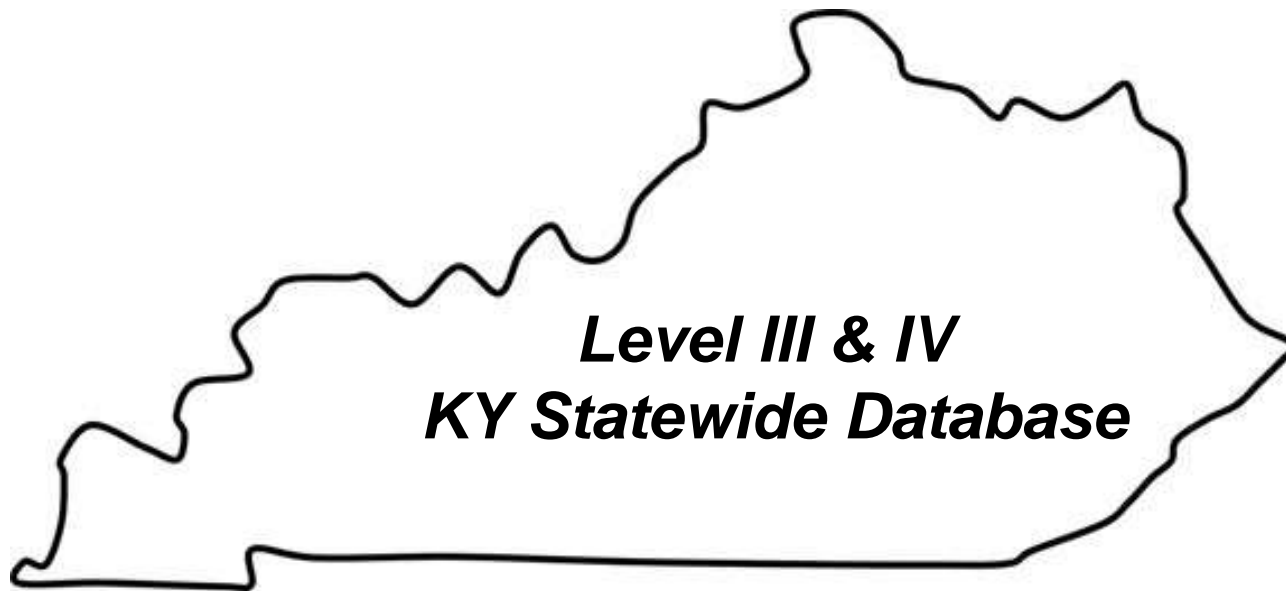
National Changes= KY Impact



- Impact:**
- Rising costs
 - Hinders new trauma center development
 - Potentially hinders rural facilities to maintain current registry requirements
 - The need to secure new registry vendor= \$\$\$

What's the Plan?

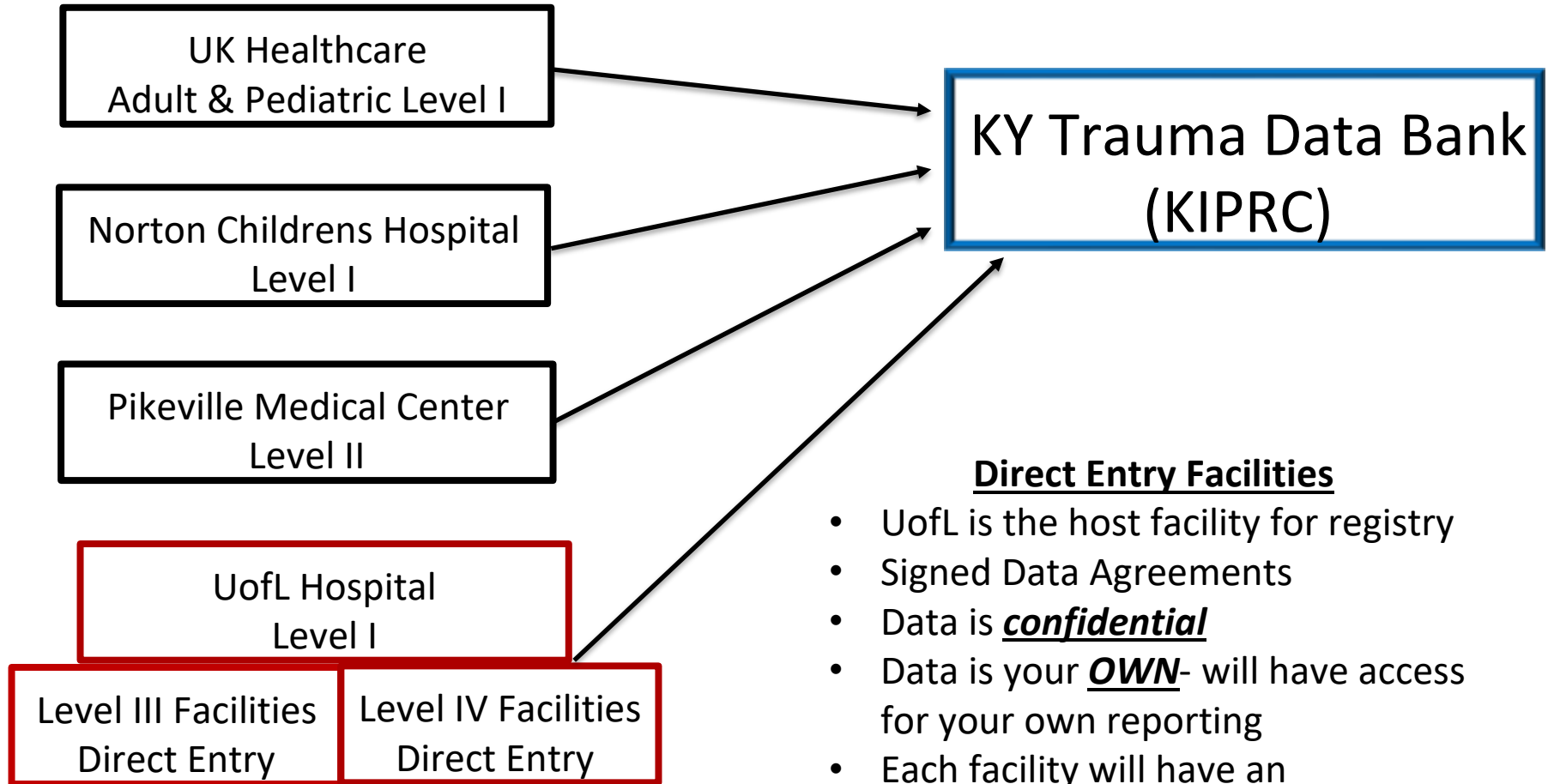
IMAGETREND®



Benefits:

- *One Vendor: Image Trend
- *Host Facility: UL Hospital
- ***No Cost for Level III & IV Centers**
- *Consistent Data Point Collection
- *Promotes Collaboration
- *Consistent Education for Registrars
- *Direct Entry
- *Streamlined Reporting
- *Increased Accuracy
- *Continue Current State Upload Process

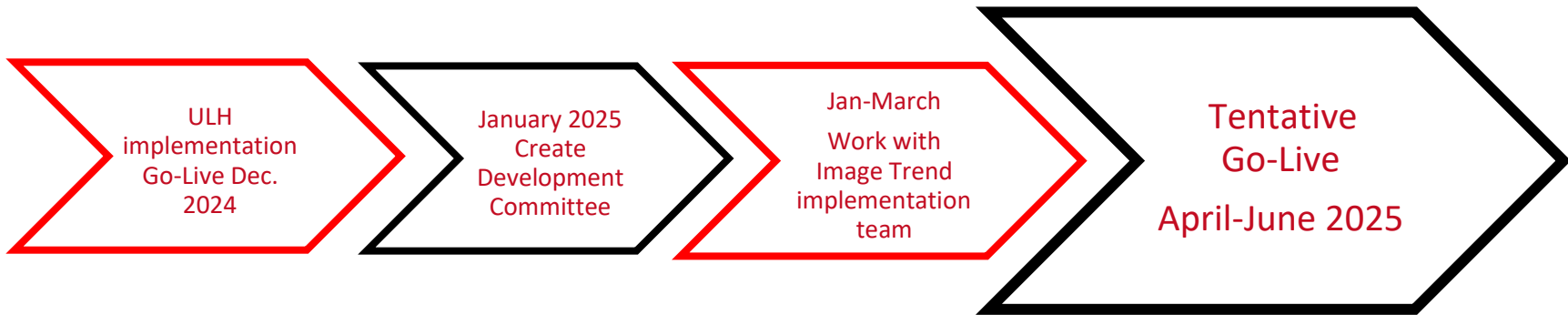
How Will It Work?



Direct Entry Facilities

- UofL is the host facility for registry
- Signed Data Agreements
- Data is ***confidential***
- Data is your ***OWN***- will have access for your own reporting
- Each facility will have an administrator who works with UofL

Implementation Timeline!!



Current Level III &

- Continue current process
- When is your next inventory
- Let us know if you want to
- Data Agreements

In-Progress Centers

- Let us know if you want to join
- Start Collecting Patient Info
- Will retrospectively input data once registry is built (this will not put you behind!)
- Data Agreements

Join the **We need YOU!** Development Committee!

Next Steps

To begin the process

Please Contact

Kim Denzik MSN, RN
Trauma Program Director
UofL Hospital- UofL Health
Kim.Denzik@uoflhealth.org
502-553-5990

Specific Data Questions

Please Contact

Samantha J. Baker AS, CAISS
Trauma Quality Analytics Manager
UofL Hospital- UofL Health
samantha.baker@uoflhealth.org
502-217-5236

ARH System's Proposed Changes

[This is extracted from the current regulations to show just the ARH *proposed* changes to the relevant sections shown below. Red strikethrough text would be deleted, and yellow highlighted text would be added.

902 KAR 28:030. Kentucky's Trauma System Level IV Criteria.

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the criteria for a Level IV trauma center in the Kentucky Trauma Care System.

Section 1. Level IV Trauma Centers. (1) A hospital that seeks designation as a Level IV trauma center shall meet the criteria established in this subsection.

(a) Trauma program.

1. A trauma program shall be created with agreement from the hospital's board of directors, administration, and medical staff.

2. The board of directors, administration, medical, nursing, and ancillary staff shall commit to provide trauma care at the level for which the facility is seeking trauma center verification.

3. A board resolution advising of that commitment shall be submitted with the KYTAC1 application incorporated by reference in 902 KAR 28:020, Section 6.

(b) Trauma services medical director.

1. The trauma services medical director shall be a physician on staff at the facility.

2. The job description shall include roles and responsibilities for trauma care, including trauma team formation, supervision and leadership, and continuing education.

3. The medical director shall act as the medical staff liaison to administration, nursing staff, and as the primary contact for that facility with other trauma centers in the region.

4. The medical director shall maintain certification as an Advanced Trauma Life Support (ATLS) provider if not Board Certified/Board Eligible by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM). Rural Trauma Team Development Course (RTTDC) participation shall be required for the trauma services medical director.

(c) Trauma services manager.

1. The facility shall have a trauma services manager who may be referred to as the trauma coordinator.

2. The manager shall work with the medical director to coordinate and implement the facility's trauma care response.

3. The job description of this position shall include time dedicated to the trauma program, separate from other duties the program manager may have at the facility.

(d) Emergency department coverage.

1. The facility shall have twenty-four (24) hour **physician provider** coverage of the emergency department and a designated physician medical director for the emergency department.

2. A mid-level provider, such as a nurse practitioner or physician's assistant, may serve as the trauma team leader. A designated emergency department physician shall be available **in person or via telehealth present** for immediate consultation during trauma team activations.

(e) Emergency department **providers physicians**. ~~Providers Physicians~~ assigned to the emergency department of a Level IV Trauma Center shall:

1. Be licensed in the Commonwealth of Kentucky; and

2.a. Maintain current Advanced Trauma Life Support® (ATLS) provider certification; or

b. Be certified by ABEM or AOBEM.

(f) Surgical staff.

1. Orthopedic surgery, plastic surgery, and radiology medical staff availability shall be documented by published call schedules.

2. If surgical services are provided, anesthesia coverage shall be provided.

3. Surgical staff shall document completion of fifteen (15) hours of annual trauma-related continuing medical education for surgeons completed every three (3) years as part of the CME required by the Kentucky Board of Medical Licensure.

4. Surgical specialties participating in the trauma team shall have at least one (1) representative of its specialty attend more than half of the hospital's multi-disciplinary trauma review committee meetings.

(g) Prior to being assigned to the facility's trauma team, nurses responsible for trauma care at the facility shall have completed one of the following professional education courses specific to trauma care:

1. Trauma Nursing Core Course (TNCC); or

2. Advanced Trauma Care for Nurses (ATCN).

Reference to the American College of Emergency Physicians Policy Statement, approved in June, 2023, related to "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department".

To see the full text go to this ACEP link: <https://www.acep.org/siteassets/new-pdfs/policy-statements/guidelines-reg-the-role-of-physician-assistants-and-nurse-practitioners-in-the-ed.pdf>

PMOCC

Pediatric Medical Operations Coordinating Center

Angela Kik, BSN, EMT
PMOCC Coordinator



DEFINITION

A PMOCC is a critical method of ensuring that pediatric patients are load balanced across the hospitals in a region and/or the state. It can be used during a disaster involving pediatric patients and/or on a daily basis during periods of high admissions such as during respiratory season.

YEAR ONE

- *Form a workgroup with Key Stakeholders to develop a preliminary plan.
- *Visit established MOCCs/PMOCCs to gain insight into best practices.
- *Decide on a data platform and dashboard development.
- *Provide a workshop and TTX to test the initial PMOCC plan.
- *Socialize the PMOCC plan across the state/region.

PMOCC ORGANIZATION

- *Hub and spoke type organization
- *Utilize Norton Children's Hospital and Kentucky Children's Hospital as the main Hubs.
- *All facilities with pediatric capabilities will be the spokes.
- *PMOCC will have mostly virtual operations during activation.
- *Coordinate with HPP, GMS-C, KHA and other potential stakeholders.

PMOCC IS NOT...

The PMOCC will NOT replace or interfere with usual referral partners or discourage health care systems from distributing patients and prioritizing beds and transfers within their organization.

YEAR TWO

- *Organize a state-wide functional exercise to test the initial plan.
- *Finalize the PMOCC plan.
- *Actively utilize the newly developed dashboard to monitor bed status and engage HPP staff to encourage all hospitals to participate.
- *By the end of year two, have a fully functional PMOCC.

CONCLUSION

The PMOCC can benefit providers by providing a "one call" alternative to making multiple calls during high volume periods either from a disaster or medical admissions. All hospitals with pediatric capabilities must participate for the system to fully work. This is a collaborative effort with all pediatric providers.

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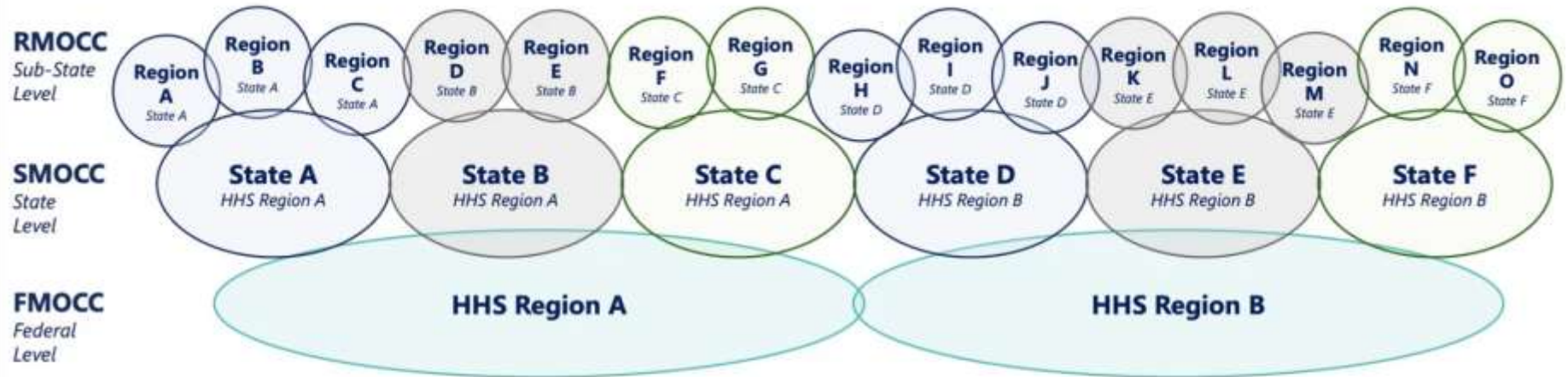
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MOCCs | Concept

MOCCs can be activated at the Sub-State Regional, State, and Federal levels to facilitate patient movement and resource allocation during a surge event. There are three types of MOCCs included in the concept: sub-state, Regional Medical Operations Coordination Centers (RMOCCs), State Medical Operations Coordination Centers (SMOCCs), and Federal Medical Operations Coordination Centers (FMOCCs).



Patient transfer coordination activity originates with the RMOCC. The SMOCC can help transfer patients to a facility in a neighboring sub-state region. The FMOCC can transfer patients to a neighboring state or Federal HHS Region if that is closer.