



House Bill 2608: *An act concerning the Kansas trauma registry; relating to confidential reporting; pertaining to the disclosure of certain information; amending K.S.A. 2015 Supp. 75-5667 and repealing the existing section*

**Testimony to the Kansas Legislature House Health and Human Services Committee
February 10, 2016**

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Chairman Hawkins and members of the committee, thank you for the opportunity to discuss House Bill 2608. Injuries account for more than 192,000 deaths, three million hospitalizations, and 27 million emergency department visits each year in the United States. Among persons one to 44 years of age, injuries account for 59 percent of all deaths. On average, one person dies in the United States from a traumatic injury every three minutes. Direct medical and work loss costs due to injuries in the United States were \$671 billion in 2013. In Kansas, unintentional injuries were the fourth leading cause of death in 2014.

The state Advisory Committee on Trauma (ACT) was established by the Kansas Legislature in 1999 with the goal of improving the quality of health care and patient outcomes for trauma throughout the state. A major component of the state trauma plan is the state trauma registry, which was also established by the legislature, to monitor patient outcomes.

Data reported to the Kansas Trauma Registry are utilized to identify trends in patient outcomes and for quality improvement in trauma care – at the individual hospital level, at the regional level, and at the state level and beyond. KDHE produces regular reports from the registry to provide feedback to hospitals on various indicators of care and data quality, and information from the registry is utilized by the Advisory Committee on Trauma to help inform planning and decision-making. A top priority for the trauma system in Kansas is to ensure that when injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure patients are expeditiously transferred to the appropriate, system-defined trauma facility.

However, our ability to glean insights from the registry, particularly related to evaluating outcomes based on patient transfer factors, is substantially limited by the lack of identifying information to link records of patients throughout the trauma system together. While efforts have been made to enable linkage of records without identifying information, those efforts have had limited success. For example, in 2014 more than 20 percent of patient records were missing complete pre-hospital data. Among patient records involving a transfer from another hospital, only 59 percent included the referring hospital medical record number. House Bill 2608 will allow for confidential information to be reported to the Kansas Trauma registry, which will facilitate the linkage of disparate records on patients who are transferred between hospitals, and to external sources, such as mortality records, to compile more complete histories. This will enable better evaluation of patient outcomes to improve patient care throughout the trauma system.

Thank you very much for your time and consideration.