Approved: 2-20-01
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on January 24, 2001 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Ms. Emalene Correll, Legislative Research Department
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Ms. Chris Collins, Director of Government Affairs
Kansas Medical Society
Mr. Richard Morrissey, Director,
Office of Local & Rural Health
Dr. Paul Harrison, M.D., Chairman
Kansas Advisory Committee on Trauma
Dr. Dennis Allin, M.D., Vice Chairman
Kansas Advisory Committee on Trauma

Others attending: See attached guest list.

Introduction of bills

Chairperson Wagle opened the meeting inquiring of a request from Ms. Chris Collins, Director of Government Affairs, Kansas Medical Society. Ms. Collins introduced a legislative proposal establishing a Spinal Cord Injury Research Fund administered by the Secretary of Health and Environment. A copy of the proposal is (Attachment #1) attached hereto and incorporated into Minutes by reference. A motion was made by Senator Barnett that the Committee hear the proposal. Senator Steineger seconded the motion and the motion carried. Senator Salmans also introduced the physical therapy legislative proposal relating to licensure. A motion was made by Senator Salmans that the Committee hear. Senator Haley seconded the motion and the motion carried.

Overview of Kansas Advisory Committee on Trauma

The Chairperson introduced Mr. Richard Morrissey, Director, Office of Local and Rural Health. Mr. Morrissey presented testimony to continue the Advisory Committee on trauma and in the administering agency role it is now assigned and continue the structure that has been created. A copy of his presentation is (Attachment #2) attached hereto and incorporated into Minutes by reference. Questions and comments followed from Senator Praeger and Mr. Morrissey regarding formal assessment.

Mr. Morrissey then introduced Dr. Paul Harrison who also presented testimony providing statistics on traumatic injuries, FARAS, KDOT, and the goal of the trauma system. He also reported that the Advisory Committee has outlined a trauma system plan which included components necessary to implement a comprehensive trauma system in the state and have been instrumental in developing guidelines for implementation of an inclusive trauma system. A copy of the "KANSAS TRAUMA SYSTEM PLAN" January,2001 was made available and is on file in the office of Chairpersons Wagle..The next conferee introduced was Dr. Dennis Allin, M.D., Vice Chairman, Kansas Advisory Committee on Trauma. Dr. Allin said that the key role of the Advisory Committee is the technical support, getting regional councils up and running, meetings with urban and rural components, implementation of software issues to make sure hospitals have choices. A copy of Dr. Harris and Dr. Allin's presentations and handout are (Attachment #3 and #4) attached hereto and incorporated into Minutes by reference. Senator Harrington did have a question and comments regarding the budget.

Two written presentations were made available, the first from Ms. Melissa Hungerford, Senior Vice President, Kansas Hospital Association and the second from Ms. Darlene Whitlock, Immediate Past President, Kansas Emergency Nurses Association. Copies of their presentations are (Attachments #5 and #6) attached hereto and incorporated into Minutes by reference.

Adjournment

As it was 2:31 p.m. and the Senate is in session at 2:30 p.m., Chairperson Wagle announced that since some questions were probably unanswered, that she would ask that the conferees come back at a later date. The meeting adjourned at 2:31 p.m.

The next meeting is scheduled for January 25, 2001.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

18 in attendance

GUEST LIST

DATE: Jan. 24, 2001

NAME	REPRESENTING
Rich Gattis	Health Midwest
Larry Pitman	KFMC
Bob Lambert	Sedgwick County Public Safety
Chip Wheelen	Osteopathic Association
Melissa Hungerford	Ks Hosp Assn
Chris Collins	Kansas Medical Society
Muriel Lake	Bd. of Emerg. Med. Servs.
Sharyl Sears	KDHE - Office of Health Care Info
Scott Brunner	DOB
John Peterson	Ks Governtl Consulting
Tom Bell	KHA
Charlotte Kuhn	KDHE
Rebecca [illegible]	KANA
Shelley Boden	Hays Medical Center
Carolyn Bodenhorst	Ks St Dept Corrections

KMS
KANSAS MEDICAL SOCIETY

TO: Senate Committee on Public Health and Welfare

FROM: Chris Collins Chris Collins
Director of Government Affairs

DATE: January 24, 2001

RE: Bill Introduction Request: Creation of Spinal Cord Injury Research Fund

Chairperson Wagle, Ladies and Gentlemen of the Committee:

Thank you for the opportunity to appear before you today on behalf of the Kansas Medical Society. We would respectfully request that this Committee introduce the attached bill for consideration during the 2001 Legislative Session.

The bill establishes a Spinal Cord Injury Research Fund which would be administered by the Secretary of Health and Environment. The fund would be capitalized by adding a $1 surcharge to all fines assessed for moving violations within the State of Kansas. The bill would also establish an advisory committee to assist the Secretary of Health and Environment in obtaining additional funds, soliciting grant proposals and awarding financial grants for spinal cord injury research conducted within the State of Kansas.

KMS urges the introduction of the attached bill. I would be happy to entertain any questions the Committee may have. Again, thank you for your time and attention.

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Spinal Cord Injury Research Fund

New Section 1. Definitions. As used in this act:

(a) "Advisory committee" means the spinal cord injury research advisory committee established pursuant to this act;

(b) "fund" means the spinal cord injury research fund established pursuant to this act;

(c) "physician" means a person licensed by the state board of healing arts to practice medicine and surgery;

(d) "secretary" means the secretary of health and environment; and

(e) "spinal cord injury research project" means an original investigation for the advancement of scientific or clinical knowledge in the area of spinal cord injuries.

New Section 2. Spinal cord injury research fund established. (a) There is hereby established in the state treasury the spinal cord injury research fund which shall be administered by the secretary of health and environment. All moneys received from fees collected under K.S.A.12-4214 and 28-172a, and amendments thereto, for the purpose of financing the activities and expenses of the secretary in administration of the spinal cord injury research act shall be deposited in the state treasury and credited to the spinal cord injury research fund. All expenditures from the spinal cord injury resarch fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the secretary or by a person or persons designated by such secretary.

(b) On or before the 10th of each month, the director of accounts and reports shall transfer from the state general fund to the spinal cord injury research fund established in subsection (a) interest earnings based on:

(1) The average daily balance of money in the spinal cord injury research fund for the preceding month; and

(2) the net earnings rate of the pooled money investment portfolio for the preceding month.

New Section 3. Spinal cord injury research advisory committee; members, appointment, meetings, expenses, duties, reports. (a) There is hereby established a spinal cord injury research advisory committee. The spinal cord injury research advisory committee shall be advisory to the secretary and shall be within the division of health of the department of health and environment as a part thereof.

(b) The advisory committee shall be composed of 7 members appointed by the secretary as follows:

(1) Three members shall be physicians, at least one of whom shall specialize or have expertise in the care of traumatic spinal cord injuries;

(2) one member shall be a representative of the university of Kansas school of medicine;

(3) one member shall be a licensed professional nurse specializing in spinal cord injury nursing care;

(4) one member shall be a representative of spinal cord injury associations or organizations; and

(5) one member shall be a representative of the department of health and environment.

attachment 1-2

All members shall be residents of the state of Kansas. When making appointments to the advisory committee, the secretary shall consider names submitted by interested organizations.

(c) Members appointed to the advisory committee shall be appointed for terms of three years and until their successors are appointed and qualified. In the case of a vacancy in the membership of the advisory committee, the vacancy shall be filled for the unexpired term. All members appointed to fill vacancies in the membership of the advisory committee and all members appointed to succeed members appointed to the advisory committee shall be appointed in like manner as that provided for the original appointment of the member succeeded.

(d) The advisory committee at the call of the chairperson or at the request of any four members of the advisory committee. At the first meeting of the advisory committee after January 1 each year, the members shall elect a chairperson and a vice-chairperson who shall serve a term of one year. The vice-chairperson shall exercise all of the powers of the chairperson in the absence of the chairperson.

(e) The first person appointed by the secretary to the advisory committee shall call the first meeting of the advisory committee and shall serve as temporary chairperson of the advisory committee until a chairperson and vice-chairperson are elected by the advisory committee at such meeting.

(f) The advisory committee shall be advisory to the secretary of health and environment on all matters relating to the implementation and administration of this act.

(g) Members of the advisory committee attending meetings of the advisory committee shall not be paid compensation but shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto.

(h) The advisory committee shall make an annual report along with any recommendations the advisory committee deems appropriate to the secretary on or before January 1.

New Section 4. Duties of the secretary and the advisory committee. The secretary, after consultation with and consideration of recommendations from the advisory committee, shall:

(a) Develop rules and regulations necessary to carry out the provisions of this act;

(b) establish a process for the solicitation, review, selection and approval of grants for spinal cord injury research projects from the fund established pursuant to this act;

(c) apply for and accept any gifts, bequests, or grants of money from the federal government or private entities which may be available for programs relating to research on spinal cord injuries;

(d) award grants from the fund to support spinal cord injury research projects within the state Kansas;

(e) prepare and submit a report annually to the legislature; and

(f) enter into contracts as deemed necessary to carry out the duties and functions of the secretary under this act.

Section 5. K.S.A. 2000 Supp.12-4117 is hereby amended to read as follows: 12-4117. Municipal court assessments. (a) On and after July 1, 1996, in each case filed in municipal court charging a criminal or public offense or charging an offense defined to be a moving violation by rules and regulations adopted pursuant to K.S.A. 8-249 and amendments thereto, where there is a finding of guilty or a plea of guilty, a plea of no contest, forfeiture of bond or a diversion, a sum in an amount of ~~$7~~ *$8* shall be assessed and such assessment shall be credited as follows:

Attachment 1-3

(1) During the period commencing July 1, 1996, and ending June 30, 1997, $1 to the local law enforcement training reimbursement fund established pursuant to K.S.A. 74-5620 and amendments thereto, $4 to the law enforcement training center fund established pursuant to K.S.A. 74-5619 and amendments thereto, $.50 to the protection from abuse fund established pursuant to K.S.A. 74-7325 and amendments thereto and $.50 to the crime victims assistance fund established pursuant to K.S.A. 74-7334 and amendments thereto;

(2) on and after July 1, 1997, $1 to the local law enforcement training reimbursement fund established pursuant to K.S.A. 74-5620 and amendments thereto, $2 to the law enforcement training center fund established pursuant to K.S.A. 74-5619 and amendments thereto, $2 to the juvenile detention facilities fund established pursuant to K.S.A. 79-4803 and amendments thereto to be expended for operational costs of facilities for the detention of juveniles, $.50 to the protection from abuse fund established pursuant to K.S.A. 74-7325 and amendments thereto and $.50 to the crime victims assistance fund established pursuant to K.S.A 74-7334 and amendments thereto; and

(3) on and after July 1, 1999, $1 to the trauma fund established pursuant to K.S.A. 1999 Supp. 75-5670, and amendments thereto.

(4) on and after July 1, 2001, $1 to the spinal cord injury research fund established pursuant to new section 2, and amendments thereto.

(b) The judge or clerk of the municipal court shall remit at least monthly the appropriate assessments received pursuant to this section to the state treasurer for deposit in the state treasury to the credit of the local law enforcement training reimbursement fund, the law enforcement training center fund, the juvenile detention facilities fund, the crime victims assistance fund, ***the spinal cord injury research fund*** and the trauma fund as provided in this section.

(c) For the purpose of determining the amount to be assessed according to this section, if more than one complaint is filed in the municipal court against one individual arising out of the same incident, all such complaints shall be considered as one case.

Section 6. K.S.A. 2000 Supp. 20-367 is hereby amended to read as follows: 20-367. Disposition of docket fees. Of the remittance of the balance of docket fees received monthly by the state treasurer from clerks of the district court pursuant to subsection (f) of K.S.A. 20-362, and amendments thereto, the state treasurer shall deposit and credit to the access to justice fund, a sum equal to 6.78% of the remittances of docket fees; to the juvenile detention facilities fund, a sum equal to 4.35% of the remittances of docket fees; to the judicial branch education fund, the state treasurer shall deposit and credit a sum equal to 3.34% of the remittances of docket fees; to the crime victims assistance fund, the state treasurer shall deposit and credit a sum equal to .9% of the remittances of the docket fees; to the protection from abuse fund, the state treasurer shall deposit and credit a sum equal to 2.68% of the remittances of the docket fees; to the judiciary technology fund, the state treasurer shall deposit and credit a sum equal to 6.77% of the remittances of docket fees; to the dispute resolution fund, the state treasurer shall deposit and credit a sum equal to .56% of the remittances of docket fees; to the Kansas endowment for youth trust fund, the state treasurer shall deposit and credit a sum equal to 1.98% of the remittances of docket fees; and to the permanent families account in the family and children investment fund, the state treasurer shall deposit and credit a sum equal to .32% of the remittances of docket fees; ***to the spinal cord injury research fund, a sum equal to 2.__% of the docket fees***, to the trauma

attachment 1-4

fund, a sum equal to 2.34% of the remittance of docket fees. The balance remaining of the remittances of docket fees shall be deposited and credited to the state general fund.

Section 7. K.S.A. 2000 Supp. 28-172a is hereby amended to read as follows: 28-172a. Court costs, fees and charges; sheriff fees or mileage for serving papers prohibited; appearance bond forcertain parking violations. (a) Except as otherwise provided in this section, whenever the prosecuting witness or defendant is adjudged to pay the costs in a criminal proceeding in any county, a docket fee shall be taxed as follows:

On and after July 1, 1998:

Murder or manslaughter.....$164.50
Other felony.....134.50
Misdemeanor.....102.50
Forfeited recognizance.....62.50
Appeals from other courts.....62.50

(b) (1) Except as provided in paragraph (2), in actions involving the violation of any of the laws of this state regulating traffic on highways (including those listed in subsection (c) of K.S.A. 8-2118, and amendments thereto), a cigarette or tobacco infraction, any act declared a crime pursuant to the statutes contained in chapter 32 of Kansas Statutes Annotated and amendments thereto or any act declared a crime pursuant to the statutes contained in article 8 of chapter 82a of the Kansas Statutes Annotated, and amendments thereto, whenever the prosecuting witness or defendant is adjudged to pay the costs in the action, a docket fee of $45 shall be charged. When an action is disposed of under subsections (a) and (b) of K.S.A. 8-2118 or subsection (f) of K.S.A. 79-3393, and amendments thereto, whether by mail or in person, the docket fee to be paid as court costs shall be $45.

(2) In actions involving the violation of a moving traffic violation under K.S.A. 8-2118, and amendments thereto, as defined by rules and regulations adopted under K.S.A. 8-249, and amendments thereto, whenever the prosecuting witness or defendant is adjudged to pay the costs in the action, a docket fee of $46 shall be charged. When an action is disposed of under subsection (a) and (b) of K.S.A. 8-2118, and amendments thereto, whether by mail or in person, the docket fee to be paid as court costs shall be $46.

(c) If a conviction is on more than one count, the docket fee shall be the highest one applicable to any one of the counts. The prosecuting witness or defendant, if assessed the costs, shall pay only one fee. Multiple defendants shall each pay one fee.

(d) Statutory charges for law library funds, the law enforcement training center fund, the prosecuting attorneys' training fund, the juvenile detention facilities fund, the judicial branch education fund, the emergency medical services operating fund and the judiciary technology fund shall be paid from the docket fee; the family violence and child abuse and neglect assistance and prevention fund fee shall be paid from criminal proceedings docket fees. All other fees and

expenses to be assessed as additional court costs shall be approved by the court, unless specifically fixed by statute. Additional fees shall include, but are not limited to, fees for Kansas bureau of investigation forensic or laboratory analyses, fees for detention facility processing pursuant to K.S.A. 1999 Supp. 12-16,119, and amendments thereto, fees for the sexual assault evidence collection kit, fees for conducting an examination of a sexual assault victim, fees for service of process outside the state, witness fees, fees for transcripts and depositions, costs from other courts, doctors' fees and examination and evaluation fees. No sheriff in this state shall charge any district court of this state a fee or mileage for serving any paper or process.

(e) In each case charging a violation of the laws relating to parking of motor vehicles on the statehouse grounds or other state-owned or operated property in Shawnee county, Kansas, as specified in K.S.A. 75-4510a, and amendments thereto, or as specified in K.S.A. 75-4508, and amendments thereto, the clerk shall tax a fee of $2 which shall constitute the entire costs in the case, except that witness fees, mileage and expenses incurred in serving a warrant shall be in addition to the fee. Appearance bond for a parking violation of K.S.A. 75-4508 or 75-4510a, and amendments thereto, shall be $3, unless a warrant is issued. The judge may order the bond forfeited upon the defendant's failure to appear, and $2 of any bond so forfeited shall be regarded as court costs.

Section 8. This act shall take effect and be in force from and after its publication in the statute book.

Attachment 1-6

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony presented to

Senate Committee on Public Health and Welfare

by

Kansas Department of Health and Environment

January 24, 2001

Kansas Trauma System Plan

In 1994, the Kansas Department of Health and Environment, the Kansas Medical Society, and the Board of Emergency Medical services formed a partnership (The Kansas EMS/Trauma Planning Project) and applied to the Kansas Health Foundation for funding to support development of a trauma plan for Kansas. The foundation awarded a three year grant and the partners formed a policy group composed of seventeen statewide organizations with an interest in traumas services. That group published the *Kansas EMS/Trauma Systems Plan* in 1998.

The 1999 Kansas Legislature passed Substitute for Senate Bill No. 106 (K.S.A. 75-5663 et seq.) creating the Advisory Committee on Trauma and directing the Secretary of Health and Environment to develop a statewide trauma system plan using the 1998 *Kansas EMS/Trauma Systems Plan* as a guide. K.S.A. 75-5664 (h) required the advisory committee to make a final report and recommendations to this committee and the House Committee on Health and Human Services no later than January 8, 2001. The statute specified recommendations "about the appropriate oversight of the trauma system and whether the advisory committee should be continued." The Advisory Committee on Trauma adopted the following recommendations.

Advisory Committee on Trauma

The Advisory Committee on Trauma should be continued. It is organized to provide technical advice on the development of the trauma system, it insures that the major stakeholders are represented in the policy process, and it will function to provide the statewide coordination of policy necessary to integrate the planning and activities of the Regional Trauma Councils.

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In addition, the existing authority for staggered terms (K.S.A. 75-5664 (c) should be implemented. This has not been done because several different appointing authorities are involved and no central authority for setting initial terms was established . It is recommended that the statute be amended to authorize the governor to set the terms for all of the appointments.

It is also recommended that the statute be amended to authorize each Regional Trauma Council to appoint a representative to serve as a member of the Advisory Committee on Trauma. These representatives should be eligible to receive reimbursement for expenses related to their participation on the advisory committee.

Oversight of the Trauma System

The Department of Health and Environment should continue in the administering agency role it is now assigned in K.S.A. 75-5665. The Board of Emergency Medical Services should continue to have lead responsibility for planning and policy development for the prehospital emergency medical services system. The responsibility for overall coordination of the statewide trauma system should reside with KDHE, functioning in close consultation with the Advisory Committee on Trauma. The Advisory Committee on Trauma should continue to be the locus for policy coordination of the system, bringing together all of the stakeholders.

Testimony presented by: Richard Morrissey, Director
Office of Local and Rural Health

Attachment 2-2

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony presented to

Senate Committee on Public Health and Welfare

by

Advisory Committee on Trauma

January 24, 2001

Kansas Trauma System Plan

Traumatic injuries are one of the leading cause of death and disability among Kansas's citizens. In addition, injuries occur disproportionately among both younger and older people. During this century trauma has replaced infectious disease as the greatest threat to children. In recent years, traumatic injury has begun to receive long overdue recognition as a major public health problem. Attention has been focused on the toll of lives lost; however, it is clear that deaths represent only the "tip of the iceberg." National data indicate that for every one injury death there are 18 injury related hospital discharges and 260 emergency department visits. Kansas averages 1,400 injury deaths per year. Persons in predominately rural areas are at higher risk for injury death or disability than more urbanized areas. The reasons for this include delays in discovery, longer response times or limited availability, greater distances to care facilities, and limited access to specialty resources.

A trauma care system is a systematic approach to providing care to the injury patient. It is a network of relationships between Emergency Medical Services (EMS) providers, regional emergency departments and tertiary referral facilities, designed to direct the trauma patient to the resources most appropriate to his/her care, based on the nature of the injury.

The Advisory Committee on Trauma and KDHE have outlined a trauma system plan which includes the components necessary to implement a comprehensive trauma system in the state. As directed in the 1999 legislation, the current plan was developed using the 1998 Kansas EMS-Trauma Systems Plan study as a guide. Trauma systems are designed to benefit the whole population with the goal that all injured patients should achieve optimal care and maximum potential for recovery. The trauma system should encompass a continuum of care. This involves timely public access via rapid activation of the EMS system, emergency medical care in the out of hospital setting, transport to the nearest appropriate hospital,

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stabilization in the emergency department, surgical intervention when needed, acute hospital care and rehabilitation.

The goal of the trauma system is to ensure each patient is properly triaged and matched to the hospital with the most appropriate resources as quickly as possible. Because patients with severe injuries require rapid, specialized treatment to ensure the best chance for recovery, a trauma system would increase their chances for survival and reduce their chance of permanent disability. Overtriage (sending the patient to a facility with a higher level of resources than needed) and undertriage (sending the patient to a facility with inadequate resources) are both common problems with the current process. Overtriage wastes resources better used on patients with critical needs, and undertriage jeopardizes the patient by delaying definitive care and places grave liability on the receiving facility.

The advisory committee on trauma and KDHE have been instrumental in developing guidelines for implementation of an inclusive trauma system. This past year was spent developing a state plan which includes key components related to the implementation of a comprehensive trauma system including trauma registry data points, guidelines for triage and recommendations to facilitate regional trauma council formation. In rural states, developing a regionalized trauma care system has been shown to be the most efficient and efficacious method of implementation. The primary purpose of the trauma regions are to organize, plan and facilitate implementation of the trauma system based on the needs of the particular region. The regional trauma councils will be composed of multidisciplinary groups made up of emergency nurses, physicians, pre-hospital personnel and hospital administrators.

Each day in Kansas we have people dying from trauma. The goal of any trauma system is getting the right patient to the right place in a short amount of time, thereby saving lives and minimizing disability.

Testimony presented by: Paul Harrison, MD, Chairman
Dennis Allin, MD, Vice Chairman
Kansas Advisory Committee on Trauma

Attachment 3-2

Kansas Trauma System Plan
Key Component Summary

Administrative Components:

Advisory Committee on Trauma

- The Advisory Committee on Trauma is organized to provide technical advice on the development and implementation of a statewide trauma system and to involve the key stakeholders in the system.

- It is recommended that the Advisory Committee on Trauma be continued, staggered terms for the members be implemented, and representatives of Regional Trauma Councils be added.

Regional Trauma Councils

- Regional Trauma Councils are proposed as a way to address topics and issues related to trauma care at the local level and provide feedback to the Advisory Committee on Trauma.

- A process for creating six Regional Trauma Councils has been set out in the current plan. The first Regional Trauma Councils will be created this year.

Administering Agency

- KDHE is the administering agency for carrying out the state trauma system and is charged with establishment of the regional trauma councils, implementation of a state trauma registry, and with development of the rules and regulations necessary to carry out the provisions of KSA 75-5665.

Implementation Schedule

- A five year plan has been developed outlining a timeline for implementation of the key components of a trauma system. (Attached)

Operational and Clinical Components:

Statewide Trauma Registry

- Trauma registries provide the mechanism to collect data and to evaluate the trauma care system locally and statewide.

- An RFP has been developed and is in the process of being published in the Kansas Register requesting bids for the software to implement a state trauma registry data collection system as well as software which can be utilized by the hospitals to collect trauma data.

- Hospitals may utilize trauma registry software of their choice, however, the preferred software will be provided to them at no cost.

Prehospital Care

- Regional Trauma Councils will provide leadership in system planning, specifically medical direction, triage, dispatch and allocation of resources that require local solutions.

- The Board of EMS will work to implement a new communication system and develop a statewide data system.

Hospital Care

- The Kansas Trauma System is an inclusive system and all hospitals are encouraged to have a role in the care of the trauma patient.

- Verification criteria will be developed (based on American College of Surgeons guidelines) which will allow each hospital to determine their individual role.

Performance Improvement

- Trauma registry data will be used by Regional Trauma Councils and the Advisory Committee on Trauma to assess the system impact on morbidity and mortality.

- The Board of EMS will develop a system to collect data on performance of the prehospital emergency system and its effects on patient care.

Injury Prevention and Control

- Data from the trauma registry will be used to facilitate and evaluate regional planning for injury prevention education and training.

- Programs and partnerships will be developed with a variety of organizations to reach the public regarding high risk behaviors and populations at risk for injury.

Human Resources

- Regional Trauma Councils will prioritize and facilitate the training/educational needs within their regions.

- Resources will be allocated to regions to support continuing education and initial training necessary to implement the plan.

Kansas Trauma System Plan
Implementation Schedule

YEAR	*ACTIVITY*
Phase One	July 1, 2000- June 30, 2001
Year 1	**Trauma Registry** • Design trauma registry minimum data set and case definition • Purchase software for state system and hospitals **Regional Councils** • Develop 1 regional trauma council **Trauma Center Verification** • Develop self-assessment tool **Education & Training** • Identify education and training needs • Develop plan to increase availability of training to meet needs **Pre-Hospital EMS** • Begin development of a Statewide EMS Plan
Phase Two	July 1, 2001 - June 30, 2003
Year 2 & 3	**Trauma Registry** • Implement trauma registry in hospital facilities & state level • Provide facility training and develop reporting groups for small facilities • Develop standard reports for regional councils • Begin epidemiological analysis to identify prevention opportunities **Regional Councils** • Develop 5 regional trauma councils • Begin development of regional plans • Identify and prioritize training needs **Trauma Center Verification** • Facilities self-assess using ACS criteria • ACS verification for level I and II hospitals • Develop state verification process for level III & IV hospitals **Education and Training** • Provide training for hospital self-assessment • Facilitate educational trauma programs for health professionals • Public awareness programs developed based on data **Pre-Hospital EMS** • Training implemented to support usage of trauma triage guidelines
Phase Three	July 1, 2003- June 30, 2005
Year 4 & 5	**Trauma Registry** • Provide on-going training to hospitals • Collect data, provide reports to regional councils • Reassess registry software and rebid new contract **Regional Councils** • Complete 6 regional trauma plans • Implement performance improvement activities • Implement and assess prevention activities • Coordinate training activities to meet priority needs **Education and Training** • Evaluate outcome of educational training efforts • Evaluate public awareness activities **Trauma Center Verification** • Implement state verification process for level III & IV hospitals • Evaluate the verification system • Provide training and technical assistance with hospital performance improvement using trauma registry data **Pre-Hospital EMS** • Statewide communication system implemented

January 2001

Attachment 4.3

Memorandum

Donald A. Wilson
President

January 24, 2001

To: Senate Public Health and Welfare Committee

From: Kansas Hospital Association
Melissa Hungerford, Senior Vice President

Subject: Kansas Advisory Committee on Trauma

Thank you for the opportunity to comment today. I am Melissa Hungerford representing the Kansas Hospital Association and its members. Three hospital representatives are members of the Kansas Advisory Committee on Trauma – west to east they are Roger John, Great Plains Health Alliance, Phillipsburg; John Broberg, Salina Regional Health Center, Salina; and Tajguah Hudson, Kansas University Medical Center, Kansas City. Potential requirements that could be imposed by a state trauma plan will affect all Kansas hospitals in different ways depending on their size and location. KHA will continue to support the process of consensus building and appreciates the opportunity for involvement.

The report of the KACT represents a consensus of all the representatives. The group has worked closely to develop the beginnings of a plan that will improve the "system-ness" of the trauma system in Kansas and ultimately improve the outcomes for the patients we serve. This first report -- the first phase of an actual trauma plan for Kansas -- is most developed in the two areas specified in the legislation passed in the 2000 Kansas legislative session: the establishment of a trauma registry and a system of regional councils. Building a trauma plan is an evolutionary processes and will continue in 2001 and in years to come.

In developing the implementation strategies outlined in the plan, the KACT and the KDHE staff have worked closely with those most affected by the process to assure that the requirements will have the least adverse impact and achieve the most positive results. Kansas has a long way to go in improving our prevention and treatment efforts in the area of trauma. The report represents only the first steps. The registry and the regional councils begin the infrastructure that will allow a state as geographically diverse as Kansas to focus our efforts in ways that will help us improve.

Thank you again for the opportunity to comment.

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Senate Public Health & Welfare Committee
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Members of the Senate Committee on Public Health and Welfare:

On behalf of the Kansas State Nurses Association (KSNA) and the Kansas Council of the Emergency Nurses Association (KENA), I would like to lend our support to the Advisory Committee on Trauma (ACT) and the Kansas Trauma System Plan. We believe this committee is vital to the continued development of a comprehensive state trauma plan.

I am Darlene Whitlock and I have been involved in trauma care in a variety of settings around the state, for more than 30 years. I have been involved in the state system development since a federal grant for Advanced Trauma Life Support (ATLS) for Physicians programs in 1985, to the initial NHTSA evaluation in 1994, through the EMS Trauma Policy Group and now as a nurse representative on the ACT. I believe, as research shows, that "Trauma Systems Save Lives". It can be shown that there is a reduction in mortality of 20-30% after systems are implemented. I have brought copies of some of these articles if they would be of interest to any of the committee members. Currently, nationally, there is a 50% higher trauma mortality in rural areas than urban areas. While there are a variety of reasons, this is should be of special interest here in Kansas.

A comprehensive system, from prevention through rehabilitation and repatriation, involves many professional healthcare providers. Nurses in Kansas are committed to quality care of patients. We believe that an inclusive statewide trauma system is the method to assure the highest quality of trauma care in all areas of the state.

KSNA and KENA held a Trauma Nursing Summit in Salina last August. We had participants from a variety of sizes of hospitals, and from all around Kansas. We have an email list serve of over 100 interested individuals. From input of these groups and our contacts, we developed an action plan for trauma nursing. One of the most common concerns voiced, was the need for trauma education at all levels. Education is necessary for the public, pre-hospital providers, hospital personnel and physicians. It should be focused on prevention, and treatment from injury through rehabilitation. We believe that the implementation of the Trauma Plan including the development of Regional Councils will be able to implement many of the other suggestions also.

Like many nurses involved in trauma care, I am sometimes impatient. As a manager of a Level I trauma center, I constantly see the effects of traumatic injuries and am anxious to have the serious results decreased. Even if I have been frustrated at times with the amount of progress of the committee, I have never doubted the commitment of the involved individuals, nor the belief that trauma system development in Kansas will be a reality.

KSNA and KENA strongly support the Advisory Committee on Trauma and believe it will make continued progress in statewide Trauma System development. Thank you for your attention.

Darlene S. Whitlock
Immediate Past President KENA
Member KSNA

Senate Public Health & Welfare Committee
Meeting Date 1-24-01
Attachment 6-1


TRAUMA
SYSTEMS
SAVE
LIVES