



Kansas Hospital Association
Testimony on HB 2752
Committee on Health and Human Services
Presented by Leanne Irsik
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Mr. Chairman and members of the Committee, my name is Leanne Irsik, and I am here representing the Kansas Hospital Association. I have been a nurse at a rural hospital for many years and now serve as the Sr. Vice President for St. Catherine Hospital in Garden City. I am also a member of the Kansas Advisory Committee on Trauma (ACT) in one of the three positions representing hospitals on that Committee. Thank you for giving me the opportunity to provide testimony in favor of HB 2752. As you are all aware, HB 2752 makes two important changes to the statutes governing our trauma planning process.

First, HB 2752 clarifies the authority of KDHE to implement the Kansas Trauma System plan by designating trauma centers in Kansas. While we have come a long way toward developing a trauma system that meets the diverse nature of Kansas, we have been in planning stages – encouraging hospitals to work with the American College of Surgeons (ACS) criteria and its “verification” process. Until we bring the process into the state auspices, it will be very difficult for hospitals like St. Catherine and other smaller rural hospitals to participate.

- This amendment allows KDHE, with guidance from ACS and the Kansas Advisory Committee on Trauma, to deepen and broaden the improvements that trauma center standards or criteria provide to our rural areas.
- It does this by allowing the state through KDHE to set standards, which have been developed by the ACT through a collaborative process, that raise the bar for Kansas hospitals and then recognizes, through designation, those hospitals that choose to implement the standards at a cost more reasonably borne by the hospital.
- In addition, it allows KDHE to work with and recognize our small, critical access hospitals (Kansas now has 84) to encourage improvement and participation in the trauma system though things like increased education, field protocols and other critical roles that our small rural hospitals must provide in a large state like Kansas.

- St. Catherine Hospital will endeavor to become designated as a Level III trauma center. It is very important that the criteria used as the basis for this designation be customized to meet the needs and resources specific to Kansas and, at the same time, enhance the trauma services in the manner envisioned by the ACS.

The second amendment allows us to move the trauma registry to the next level.

- Hospitals have been reporting data to the registry, but there has been little use of the data primarily due to concern about how the data will be distributed. The amendment protects the data under the Kansas peer review statutes to assure that it can be used fully for system and patient care improvement.
- This protection will provide the appropriate environment to both encourage full reporting and actual use of the data in critical areas of patient transport and treatment.

The collection of data is only the first step to improving a process. At St. Catherine Hospital, we use data collection as part of our overall Performance Improvement Process and our Peer Review Process. To have the best system possible and to provide the best individual provider performance possible, data has to be available for analysis. The tort reform laws of the 1980's have proven in Kansas that having a peer review framework within which to review specific data can improve outcomes and reduce risk.

Thank you, Mr. Chairman, for the opportunity to testify. I'd be happy to try to answer questions.