Thank you for the opportunity to provide written testimony in **support of HB 2158**.

I am Dr. Stepheny Berry. I am a trauma surgeon in Kansas City, Kansas and currently serve as the Chairperson of the Advisory Committee on Trauma and the Vice Chairperson of the North East Regional Trauma Council. In addition, I am a native Kansan who has family across our great state. I care deeply about trauma care in our state and have dedicated my life to improving trauma care locally, regionally and nationally.

I am writing today to testify in **support of HB 2158** which is written to amend KSA 75-5664 and 75-5665. HB 2158 would ensure the continuation of our state trauma program and ensure we are able conduct peer review and performance improvement while protecting healthcare providers from disclosure.

As you may or may not know, unintentional injury is the leading cause of death in persons ages 1-44 and ranks as the 3<sup>rd</sup> leading cause of death across all age groups (pre COVID data). Each day in the state of Kansas, over 35 Kansans are injured severely enough to require the services of a trauma center. There are >1800 trauma-related deaths in our state each year. The Kansas Trauma Program (as with any trauma system) aims to decrease mortality as well as injury with resultant disability through many avenues including injury prevention and robust peer review. In addition, we strive to improve delivery of care across our rural state and ensure access to quality care for all our citizens. Mortality from trauma in Kansas has decreased over the last 4 years, proof that our trauma system is working.

Peer review is a key process within the trauma system where there is a critical assessment of the care provided and a search for opportunities for improvement is conducted. Many times, what is found is not individual error, but rather, a systematic opportunity for improvement. It also ensures that care for the injured patients is being held to the highest industry standards regardless if the patient is injured in Garden City, KS, Kansas City, KS or anywhere in between. That being said, if the aforementioned clauses are allowed to sunset and HB 2158 is not passed, true peer review would be significantly jeopardized. The best way to have true process improvement is to have open, honest discussions about how to improve care and to be able to share what works and what doesn't as it relates to patient care. In a rural state, regional peer review and process improvement is extremely important as continuum of care may reach across counties, health systems and multidisciplinary providers. Without protection, healthcare providers across the region and state would decline participation in performance activities for fear of discovery.

HB 2158 is intended to continue the already existing protection of healthcare providers from disclosure during peer review and performance improvement processes at both the state and regional level. I am in full support of this bill and certainly hope you and the committee will feel the same.

I sincerely wish I would have been able to present this testimony in person, but I am currently teaching an Advanced Trauma Life Support course to providers from across Kansas as part of my mission to ensure quality trauma care in our great state. If you have any questions or would like to discuss the state trauma program further, please don't hesitate to contact me at the email below.

Kind regards, sb

Stepheny Berry, MD, FACS
Associate Professor
Trauma Medical Director
Director, Surgical Critical Care Fellowship
Division of Trauma, Surgical Critical Care and Acute Care Surgery
The University of Kansas Health System
4000 Cambridge St., MS 2005
Kansas City, KS 66160