



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

NOVEMBER 13, 2012 - 3:00 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chairman	Senator Shirley Breedon
Dennis Nolan, Centennial Hills Hospital, Vice Chair	Melinda Case, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena	Gail Yedinak, UMC
Blake Bradley, Outdoor Promotions	Kyle Kubovchik, Atkins Global
Mary Ellen Britt, RN, Regional Trauma Coordinator	Carl Nelson, Public

MEMBERS ABSENT

Karyn Doddy, MD, Physical Medicine & Rehabilitation	Tina LaVoie, Hillary LaVoie Effort
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SNHD STAFF PRESENT

Michelle Nath, Recording Secretary

CALL TO ORDER – NOTICE OF POSTING

The Trauma System Advocacy Committee convened in the Human Resources Conference Room II at SNHD Human Resources Annex on Tuesday, November 13, 2012. Erin Breen called the meeting to order at 3:12 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law.

I. PUBLIC COMMENT

Members of the public are allowed to speak on action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Seeing no one the Chair closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chair Breen stated the Consent Agenda consisted of matters to be considered by the Trauma System Advocacy Committee (TSAC) that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Trauma System Advocacy Committee: 10/24/12

Chair Breen asked for approval of the minutes from the October 24, 2012 meeting. A motion was made by Dennis Nolan to accept the minutes as written. The motion was seconded by Senator Shirley Breedon, and carried unanimously by the Committee.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Language for Bill Draft Request to Support the Trauma System for 2013 Legislative Session

Chair Breen requested Senator Breeden report her research findings pertaining to the bill draft request that could generate possible legislation to support the trauma system. She reported the Carson City Legislative Counsel Bureau (LCB) informed her that the Nevada Constitution, Article 11, Section 3, states “all fines collected under the penal laws of the state are hereby pledged for educational purposes and the money therefrom must not be transferred to other funds for other uses.” Based on this provision it’s the opinion of their office that the money collected from traffic citations for violations of state traffic laws must be used for educational purposes and cannot be used to fund any other purposes, including to fund a trauma registry or to support trauma advocacy programs. It is also their opinion that the constitutional provision does not apply to local traffic law ordinances. As a result, Senator Breeden submitted a generic bill draft request which reads “Makes various changes concerning traffic citations.” She stated if the committee selects to proceed in a different direction then the placeholder would be available to the new chair of the Transportation Committee for his or her use in Carson City.

As there is no possibility to amend the Constitution, Chair Breen indicated the submission of a bill draft request related to traffic citations could potentially direct local ordinances in counties of over 400,000, or any county for that matter, to set aside a dedicated amount to fund the trauma registry. There was discussion to work with the local law enforcement agencies to gain their support or there may be opposition during the legislative session. While Senator Breeden agreed with Chair Breen, she pointed out that the state of Nevada is responsible for funding the trauma registry. Therefore, the emphasis can be placed on the non-compliance issue because the trauma registry is not currently functioning.

Ms. Britt referred to handouts depicting several excerpts from NRS450B related to trauma care. NRS 450B.237 provides “The Board, which is either the State Board of Health or the District Board of Health in counties with population of 700,000 are responsible for establishing trauma programs,” and Subsection 3 references those responsibilities and establishing standards. Section 4B outlines the need to have a plan for treating trauma patients without limitation and that consideration be given to future trauma needs of the county. Ms. Britt added the state has delegated certain responsibilities to the SNHD Office of Emergency Medical Services and Trauma System (OEMSTS) and this is very difficult to do without having access to data. In NRS 450B.238 there are certain requirements that hospitals must submit records to the state as specified in Nevada Administrative Code (NAC). The NAC outlines the state is responsible for the development of a system for collecting information concerning the treatment of trauma and EMS is also responsible for providing certain information to the hospitals. NAC 450B.768 identifies that the hospitals must submit trauma data on a quarterly basis, and Subsection 4 details that the Health Division shall prepare an annual report not later than July 1st of the preceding calendar year summarizing the data submitted by the hospitals on patients with trauma.

Senator Breeden posed the question of how much funding is required to maintain the trauma registry. Gail Yedinak responded the computer software and programming exists but requires dedicated staff to manage the registry. She added UMC had conducted a beta test for the state and only reached a certain completion point. Ms. Britt commented the state purchased new software around 2007 but didn’t have the dedicated resources for managing the process, including sufficient support from the vendor; therefore, the software remained inoperative. Ms. Yedinak remarked regardless of the challenges the trauma registry is a mandate and the state is responsible for funding it. Ms. Britt replied those who previously held the position weren’t solely committed to the registry and were assigned other responsibilities which limited the opportunity for someone to be fully dedicated to the registry. She added the trauma registry requires the support of a bio-statistician to assist with data management, analysis, interpretation and reporting. She reiterated in the past it was a shared responsibility where a number of people had partial ownership of the job.

Ms. Yedinak inquired if the trauma registry is currently managed by the EMS agencies. Ms. Britt responded it's handled by the state's EMS office and the software most likely resides with the Bureau of Health Care Quality Compliance (HCQC). Chair Breen asked if there was an opportunity to hire a dedicated person to work from the District's EMS office would that individual have access to the software or would it need to be repurchased. Ms. Britt advised it would only require assigned staffing to manage the trauma registry; however the current Chief Health Officer (CHO) would prefer the state handle its current responsibility of managing the trauma registry. The CHO considers the trauma registry a state function as it is in most other states. Ms. Britt noted following the American College of Surgeons (ACS) trauma system consultation in 2011, the state was made fully aware that an inoperable state trauma registry was a significant problem. Following that, the state made some progress and provided training to the non-trauma center hospitals with a web based system they would be using. However, there were issues in uploading data from the trauma centers as experienced during the beta test with University Medical Center (UMC). Kim Dokken and Melinda Case both confirmed the state has made recent attempts to upload the trauma centers data and the outcome is presently unknown. Ms. Britt stated the trauma program managers have successfully uploaded their data to the National Trauma Data Bank (NTDB) without difficulty so it's unclear why they were having problems at the state level.

The discussion point of how much funding was needed was raised again by Dennis Nolan. He discussed researching whether or not the position is funded. What is the funding source? Did the position evolve into another position or whether the position was defunded due to budget reductions? There should be some pursuit for funding the trauma registry at the state and it would require immediate attention as the Governor is most likely in the final stages of budget approval. Senator Breeden concurred and recommended a conference call be scheduled with the state to determine the current status of the trauma registry. Ms. Britt made reference to an EMS database that is also idle and this would be a good opportunity to secure funding to support their efforts as well as the trauma registry. She also referenced Dr. John Fildes', Trauma Director at UMC, position that there is a federal movement towards the electronic health care record and this would be a suitable time to link the EMS record to the trauma record.

Mr. Nolan made the correlation to the coroner's office efforts to secure funding for Deputy Coroners and to train law enforcement officers in rural counties to conduct coroner investigations in those counties that don't have a formal coroner's office. The result was an additional assessment on the death certificates to support these activities. He questioned if a similar approach of an additional assessment could be applied to EMS certifications. Ms. Britt informed Mr. Nolan there's a minimal charge for issuing certificates and the number issued wouldn't generate significant funding.

Chair Breen again questioned whether or not assessing fees to citations could be considered and although it could not be accomplished on a state level perhaps it would occur on a local level. There was discussion to vet this idea with local judges and receive feedback. Ms. Britt had researched what other states were doing and stated they either received some funding from citations or there was dedicated revenue from general funds. These states committed resources because they see the value in funding their trauma systems. There are two approaches: 1) Request the state allocates money to fund what is mandated; 2) Secure another funding source to assist the state in meeting the requirements.

Blake Bradley made reference to linking the EMS and trauma records and asked if the law enforcement agencies would be part of that connection. Chair Breen reported they would probably support the idea of linking the data between the proposed agencies as long as the funding is not redirected from their resources. Ms. Britt shared Dr. Fildes efforts through the Trauma Institute, Crash Outcome Data Evaluation System (CODES) project, to link data between agencies. She stated the law enforcement agencies understood the benefit of linking the law enforcement record to the EMS record and inpatient record. She added there is an effort to incorporate rehabilitation records to link the entire spectrum of care. By joining all these records there's a connection beginning with an event through the continuum of patient care. Mr. Bradley commented this goes full circle and

without the data there's no evidence in support of particular issues, so how do you move forward in educating the public when the problems are not clearly identified.

Kyle Kubovchik inquired if the bill draft could include federal funding as a means to support the trauma registry. Mr. Nolan commented the coalition between law enforcement agencies, Joining Forces, had received federal funding. Chair Breen reported it received funding from the Highway Traffic Safety Administration. Ms. Britt stated the state may not be in agreement with managing a federal grant due to lack of resources. There was discussion that even if federal funding were available the question of how much money would be required emerged again. Ms. Britt advised the best way to determine that information would be to contact the state and obtain an assessment of the current standing of the trauma registry. Several committee members agreed to participate in a conference call with the state to discuss these facts. Ms. Yedinak agreed to research if other states have acquired federal funding for their trauma registry. Mr. Kubovchik suggested checking the current Obamacare legislation which may have as much as \$224 million allocated for trauma and EMS programs and activities. Ms. Case commented she would contact the Trauma Centers Association for further information pertaining to funding sources for trauma centers. The committee members discussed the various stakeholders that would be contacted in connection with their efforts to fund the trauma registry. Ms. Britt agreed to make the initial contact with the State Division of Health and obtain the status of the trauma registry which would follow with a conference call for further discussion pertaining to the costs involved for operating the trauma registry. Mr. Nolan informed the committee another option for moving forward would be to ask a legislator to sponsor the bill. He also discussed the existing insurance premium tax and perhaps that might be another possibility for funding.

Mr. Bradley inquired how much the state has spent on the trauma registry software. He asked why the vendor didn't meet its obligations and what's happened since then. Ms. Yedinak informed him that Elizabeth Snavelly, UMC's trauma registrar, most likely has in depth knowledge to answer his questions. Ms. Britt agreed and suggested she would be an excellent candidate for crafting a timeline of events pertaining to the state trauma registry. She furthered the OEMSTS has been often excluded from communications between the state and the trauma centers even though they delegated the responsibility to manage the trauma system to Clark County to the Health District. Chair Breen concurred a timeline would be beneficial in the event questions would arise during the forthcoming conference call.

As further discussion ensued regarding funding and the plausibility of adding fees to moving violations, Chair Breen remarked the fees would be assessed on those individuals who are the most apt to need the service. Ms. Yedinak commented the insurance premium seems a better approach because the risk of injury could be reduced through injury prevention education and activities. Carl Nelson referenced the Culinary Union Insurance and the money it could generate if the premium assessment were increased for the benefit of funding the trauma system. Senator Breeden agreed to further research what the insurance premium tax covers. Ms. Britt questioned how the money from the premium tax is transferred to the general fund. Mr. Nolan responded all fees, fines and forfeitures each have a different split and it's a complicated process, starting with the courts and local municipalities and ending with a small portion that is received by the state.

B. Discussion of Committee Goals and Objectives

Chair Breen tabled this agenda item to the next meeting.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The Committee agreed to meet again on December 11th at 3:00 p.m. The location of the meeting will be determined at a later date, but there is a possibility it will be held in Human Resources Conference Room II again.

IV. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chair Breen asked if anyone wished to address the Committee. Seeing no one, she closed the Public Comment portion of the meeting.

V. ADJOURNMENT

As there was no further business on the agenda, Chair Breen called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 4:20 p.m.