



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

#### TRAUMA SYSTEM ADVOCACY COMMITTEE

DECEMBER 11, 2012 - 3:00 P.M.

#### MEMBERS PRESENT

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

#### MEMBERS ABSENT

Senator Shirley Breeden

#### SNHD STAFF PRESENT

Michelle Nath, Recording Secretary

#### PUBLIC ATTENDANCE

Elizabeth Snavelly, UMC

#### 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, December 11, 2012. Erin Breen called the meeting to order at 3:13 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: 11/13/12

Chair Breen asked for approval of the minutes from the November 13, 2012 meeting. A motion was made by Dennis Nolan to accept the minutes as written. The motion was seconded by Gail Yedinak, 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 reported the NRS 450B bill draft was presented to Senator Joyce Woodhouse and the Senator confirmed it would be submitted by the December 10, 2012 deadline. The bill will most likely be introduced in Health and Human Services as well as Transportation. There was also discussion that if the bill draft wasn't approved then the other option is to add it as an amendment to another bill. The other alternative to request an increase to the premium tax is a remote possibility per Senator Shirley Breeden's discussion with the Legislative Counsel Bureau (LCB).

Dennis Nolan recommended exploring federal monies; Chair Breen concurred and suggested there would be resources under Obamacare and the National Institute of Health. However, there needs to be supporting data illustrating a need and without the data from the trauma registry it's difficult to bring the issues forward to secure federal funding. The other aspect to obtaining federal monies is the State would have to pursue the grants and they don't have the resources to engage in that process. Gail Yedinak remarked the grants could be written at the county level, and Rory Chetelat responded it is a possibility but it would require a cooperative effort with the State. Elizabeth Snavelly remarked there is funding to be obtained as evident in the State of Alaska which is currently receiving grants to fund their twenty trauma centers.

The committee was referred to the Trauma Center Association of America State Funding Guide by Mary Ellen Britt. The guide provides examples of funding mechanisms in other states. According to the American College of Surgeons (ACS) web site, forty two states have state trauma systems and approximately twenty four are funded through state funds; however Nevada is not one of those states. Many of those states have identified unique ways of obtaining funding and they are tied to things that cannot be implemented in Nevada because it is prohibited by the Nevada Constitution. Hawaii uses money from the tobacco settlement fund and there are other states that generate funding from alcohol tax or traffic fines. Ms. Britt reported when the language for the NRS 450B bill was drafted the section pertaining to an identifiable funding source was left blank. The question was raised whether a fee would be attached to the bill or if the money would be sought through the general fund. Mr. Nolan commented on pursuing both options. It was identified previously that fees could not be generated from traffic violations according to the Nevada Constitution. Therefore, he suggested collecting voluntary fees through the Department of Motor Vehicles whereby individuals registering their car could make a charitable donation to fund a particular cause. Chair Breen had reservations about the number of people who would be willing to make a charitable donation. Ms. Yedinak inquired about adding fees to ambulance charges, and Mr. Chetelat informed the committee there is approximately a 30% collection rate because many patients are uninsured or under-insured. There were other ideas discussed like designating funding from automobile insurance, health care premiums or property taxes.

It was noted that the trauma system is a service made available to all citizens regardless whether or not it is used by all. Referring back to property taxes, Mr. Nolan recommended incorporating language to allow the county to increase one of the line items under property taxes by 1/100<sup>th</sup> of a cent as a funding mechanism for the trauma system. Ms. Britt reported the State outlined a basic budget of \$150,000 to maintain the trauma registry in its current configuration. This is the current cost and it doesn't include the ability to generate statistical reports but only for making the registry functional. A second budget of \$250,000 was submitted by the State and this included biostatistical support for generating reports. Mr. Nolan added it would only require a miniscule amount from property tax revenues to support either of the two forecasted costs and permissive language would need to be introduced stipulating "A county can do this if they elect to do so."

Ms. Britt posed the question if there are occasions where monies are collected at the county level and then reverted back to the State. In response Ms. Yedinak used the Indigent Accident Fund (IAF) as an example whereby the funds have been kept by the State to fill in budget gaps over the last couple years. The IAF and the supplemental fund, which are bundled together, collectively accumulate twelve million annually from property taxes. This money goes into the general fund, starting at the county then to the State general fund, where it's held in a dedicated account. Hospitals can submit bills to the fund administrator for accidents above a certain dollar amount meeting specific criteria. The claims submitted by the hospitals are enough to liquidate the funds yet the last two years the State has utilized the money for budget shortfalls. There is currently no language in the law to prevent the State from sweeping those funds. Ms. Britt remarked it is for this specific reason the proposed bill draft request (BDR) specifies that any appropriation to support the trauma registry "does not revert to the State General Fund at the end of any fiscal year." It would be beneficial to tie the BDR to the IAF so the monies could support not only trauma care, under-funded or unfunded, but also the trauma registry. If there were sufficient funding generated then any additional monies could be used to fund an integrated EMS database that captured the continuum of care from pre-hospital to post-hospital care as well as intervention and educational programs in support of the trauma system.

The Health Resources and Services Administration Model Trauma System Planning and Evaluation Guide clearly identifies the framework of the trauma system and the financial support that is necessary for running the system. Putting that structure in place to be able to make sure the monies get appropriately distributed and spent is a challenge. Currently there is joint responsibility for the management of the trauma system between the State and Clark County, and within Clark County the needs for northern Nevada and the rural counties also need to be considered. It's vital that there is both the proper structure in place to receive the money and that it can be appropriately managed. The NEEDS project, the NV electronic EMS records system, is an example of data that is deposited into a repository which lacks the personnel to manage the system. The State would require three FTEs to be able to manage the trauma registry and to generate reports for an approximate cost of \$233,000. The plan is to have the State do its job because it is mandated by law although there is concern as to whether or not this would come to fruition.

Dr. Fildes' [UMC Trauma Medical Director] desire in the beginning was to have the trauma centers send the data to both the State and to Clark County. However, once the data goes to the State, the Health District's Office of Emergency Medical Services and Trauma System no longer has access to it therefore eliminating the possibility of generating reports. The intended purpose of funding the registry is to publish reports not only for stakeholders but for the public too, and this obligation is not being handled presently. The State has been using federal grants for emergency preparedness in its attempts to operationalize the registry. The expenditures were justified because it was used for data collection that would be important for planning purposes for emergency preparedness. However, those grants will expire and the State is anxious to find a funding source because the positions were de-funded in 2009. Following very strong feedback from ACS during the system consultation visit, there were some progress but it has come to a halt in the last 16-17 months. All three trauma centers in Southern Nevada are getting ready for re-verifications in the upcoming year. Ms. Yedinak commented that a functioning trauma registry is an important aspect and there is a risk of not having a trauma system in this State if there is no registry.

It is important that the State handles the responsibility of the trauma registry, and the bill draft should specify the dedicated account for this function cannot be swept by virtue of the clinical mission it serves as noted by Mr. Nolan. Additionally, Ms. Yedinak commented there needs to be a deliverable of annual reporting attached to the bill. If this could not be accomplished at the state level then the caveat would be to propose that Clark County fund and manage this function for Southern Nevada with enabling language "that other counties may elect to do so." Ms. Snavely confirmed the trauma registry for Southern Nevada is currently handled at the local level, and Ms.

Britt added the Nevada Administration Code (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. As a result the bill draft includes the following criteria: 1) May only be used to maintain and manage the standardized system for the collection of information related to the treatment of trauma; 2) To prepare reports for the public and stakeholders; 3) Does not revert back to the State general fund at the end of any fiscal year. The purpose of this language is to create accountability; however it was noted that no one is currently enforcing what is directed by the NAC. Mr. Nolan commented contacting the LCB Auditing Division would be a method for creating accountability as the State would need to report to the LCB, or appear before the Legislative Commission, and report why they have not been in compliance.

There was further discussion on the current status of the trauma registry and how the function has shifted between various departments at the state level. Ms. Britt noted that the State is attempting to move the trauma registry forward under its current leadership but there have been software issues that have caused the progress to stagnate. Ms. Snaveley confirmed the three trauma centers in Southern Nevada have not successfully uploaded their trauma data to the trauma registry due to issues with Digital Innovations ISEND module. There will be further testing and the results will be reported in the near future.

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 January 8<sup>th</sup> 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 4:27 p.m.