



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

FEBRUARY 11, 2014 - 3:00 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chairman	Senator Shirley Breeden
Melody Talbott, RN, UMC	Melinda Case, RN, Sunrise Hospital
Kate Osti, Nevada Disability Advocacy & Law Center	Kim Dokken, RN, St. Rose Siena Hospital
Carl Nelson, Public	Gail Yedinak, UMC

MEMBERS ABSENT

Dennis Nolan, Community Ambulance, Vice-Chairman	Blake Bradley, Outdoor Promotions
--	-----------------------------------

SNHD STAFF PRESENT

Mary Ellen Britt, RN, EMSTS Manager	Jennifer Sizemore, PIO Manager
Stephanie Bethel, Public Information Officer	Michelle Nath, Recording Secretary

PUBLIC ATTENDANCE

Abby Hudema, RN, University Medical Center	Elizabeth Snavelly, University Medical Center
--	---

CALL TO ORDER – NOTICE OF POSTING

The Trauma System Advocacy Committee convened in Conference Room 2 at SNHD, 330 S. Valley View Boulevard, on Tuesday, February 11, 2014. Member Shirley Breeden 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 Member Breeden closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Member Breeden 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: 3/12/13 and 8/13/13

Member Breeden asked for approval of the minutes from the March 12 and August 13, 2013 meetings.

A motion was made by Carl Nelson to accept both sets of the minutes as written. The motion was seconded by Melinda Case, and carried unanimously by the Committee.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Increasing Public Awareness about the Clark County Trauma System

Mary Ellen Britt began the discussion by reporting that the Southern Nevada Injury Prevention Partnership has been trying to identify ways to increase public awareness about injury prevention and the Emergency Medical Services and Trauma System (EMSTS) as a whole. A report was published in 2008 about the EMSTS to increase awareness about the system and the community expects this safety net to always be available without understanding the complexities of the system and the importance of funding it. The question was posed on how to brand the message of what a trauma system is and the function it serves for the public.

Jennifer Sizemore and Stephanie Bethel from the Southern Nevada Health District's Public Information Office joined the discussion. One recommendation was to partner with other larger organizations and to make a connection to high profile issues that are extensively publicized like the pedestrian safety issue. They also suggested the utilization of social media, community outreach and grass roots initiatives as a method for generating public awareness. Ms. Sizemore commented that the message for the target audience will need to explain the value of the trauma system and why it's important for it to remain a viable system in the community. The message can be developed into a mini-campaign with a timed release to coincide with Trauma Awareness month in May. Ms. Britt added that the information pertaining to the trauma system and the links to each of the trauma centers is located on the SNHD website. Ms. Sizemore responded that the website in itself will not educate the public about the trauma system.

Ms. Sizemore recommended creating a message that highlights the issues which impact the system and how it would affect the public. The impact to the public conveys a more personal and meaningful message. There was discussion about whether a negative or positive tactic is more effective. If taking a negative slant then the message could focus on the devastation to the community if the trauma system did not exist. Ms. Sizemore referred to the success of the Center for Diseases Control and Prevention's (CDC) tobacco education campaign. The commercials have been impactful in illustrating the negative consequences of smoking by showcasing individuals affected by lung disease, chronic obstructive pulmonary disease, throat cancer and other serious medical conditions. With the positive approach then success stories could be highlighted by looking at remarkable cases of patients who were on the brink of death and due to the services rendered were given a second chance at life. Ms. Sizemore noted that generally positive messages are accepted better than those with a negative tone.

Ms. Britt stated the public needs to understand the importance of the system and how fragile it is in terms of future funding and to create a foundation for legislative efforts to secure a sustainable funding source for the system as a whole. Ms. Sizemore recommended developing a message with a balanced approach which incorporates the positive outcomes of the system and the negative consequences of not having a robust one. With the use of visuals and testimonials a strong message can be developed and a version of it reformatted for a social network vine. There was discussion of creating a mini-campaign and the Committee Members were in support of releasing the first phase of the campaign in May because it is Trauma Awareness month. The aim is to conduct a joint press conference with the message attached to a high profile event that could be linked to Trauma Awareness activities. Ms. Britt emphasized the message will need to be consistent regardless of the media outlet that will be used to publicize it. She highlighted the success of the Drowning Prevention campaign and its ABCD message which over the years has become the brand for the entire community. Melody Talbott recommended using the "golden hour" of opportunity as a theme because it's about "getting the right patient to the right place at the right time." She mentioned there was a song that was written by a local songwriter for the Olympics and it referred to the "golden hour" which would be a perfect match for the campaign.

As discussion ensued Melinda Case recommended utilizing ideas or themes from some of the well established trauma associations for components of the campaign. She added that educating the public on the difference between a trauma center and an emergency department would assist in communicating the value of the trauma system and the importance of funding it. Kim Dokken remarked that she would do further research to assist with marketing ideas. Ms. Sizemore emphasized that only a small component or an initial phase of the campaign needs to be ready for release in May and that over time that initial message can be further developed and branded. The Committee was in support of using testimonials for creating a personal touch to the message and if the product could be tied to a bigger event then a press conference could be scheduled. The theme will focus on promoting the trauma system as a whole and could also be cross promoted through each of the trauma centers and their scheduled activities for Trauma Awareness month. Ms. Dokken pointed out that the American Heart and American Stroke Associations have been successful with their campaigns to raise awareness about stroke and that the trauma system should model that effort.

Chair Breen joined the meeting and recommended a survivor story component for the campaign and suggested an opening sentence of “The moment before my life changed forever I was” which could be completed by the survivor. Abby Hudema added that this opening sentence does not only apply to the victim but could also be completed by anybody who was impacted by the traumatic event, for instance a family member, a witness to an accident, or the person who caused an accident. The Committee exchanged ideas on how to implement this type of project and Chair Breen agreed to research if she could gain support from the University of Nevada, Las Vegas Marketing Department for developing this idea. The members also agreed to research their calendars for events that could serve as a platform to connect with the trauma system message. Chair Breen stressed the importance of collaborating with community partners to heighten the message. She shared the example of the pedestrian safety campaign and the willingness of stakeholders to come together to assist in delivering the importance of the pedestrian safety message.

B. Discussion of Trauma System Funding

The discussion of trauma system funding began with a recommendation by Chair Breen and Gail Yedinak to reconsider the Indigent Accident Fund again as a potential revenue source. Ms. Britt pointed out that there are many states that have budgets in the millions of dollars which are generated from fines and fees. She expressed interest in obtaining another legal opinion from the Legislative Counsel Bureau on Articles 9 and 11 of the Nevada State Constitution. During the last Legislative session an opinion was rendered stating that the monies collected for traffic violations was to be solely for road maintenance and education. However, upon further research it was discovered that those monies support the Department of Motor Vehicles and additional things other than the maintenance of roads in the state. Chair Breen suggested exploring driver’s license fees too, and Ms. Dokken noted that Washington State has a \$32 million trauma fund which is funded by both traffic infractions and vehicle registrations.

Ms. Britt informed the Committee that it is important to identify a sustainable funding source to support the Emergency Medical Services (EMS) and Trauma System. She added that the current EMS fees do not generate enough revenue to support the entire system. Chair Breen suggested developing a plan that would not limit the funding source to one source of revenue. Ms. Britt recommended utilizing national talking points developed by the Trauma Center Association of America; modifying them to demonstrate some of the impacts to Southern Nevada; and utilizing the final product to educate policymakers. It is important to demonstrate the effect of traumatic injury, not only the initial cost of care but also the ongoing care and the impact to the survivor and the family.

In addition to educating the policymakers, a concrete number will need to be established for pursuing trauma system funding. Creating a list of all stakeholders and involving them in the dialogue about system funding will be beneficial in preparing for the next legislative session. Ms. Britt remarked that during the last legislative session there was focus on funding the trauma registry and questioned as to whether or not the funding mechanism should cover more than the registry. She

furthered that the scope could be broadened to be more inclusive of the entire EMS & Trauma System, including support to EMS services in rural counties as well as trauma services. Chair Breen remarked that there was a previous legislative attempt to fund the EMS system which had failed and she agreed to research it and report back to the Committee. This information would provide some insight to the challenges surrounding those efforts and could be used to develop strategies for obtaining future funding.

As discussion ensued, there were ideas brought forward for potential funding sources. Carl Nelson questioned if an ambulance surcharge would be feasible. Kate Osti voiced concern that there could be resistance from the Disability Advocacy System as some patients are already struggling to meet the obligations of their copayments. There was also a suggestion to consider a fee to motor vehicle insurance and Chair Breen agreed to inquire with the Nevada Insurance Board about fees on insurance policies. The other option was to create a specialty license plate for generating revenues and Gail Yedinak agreed to obtain the application and remarked that the process can be extensive.

C. Discussion of Future Legislative Activities in Support of the Trauma System

Chair Breen initiated the discussion of future legislative activities in support of the trauma system. She inquired if the Regional Trauma Advisory Board (RTAB) could support legislative incentives such as the primary seat belt law or anti-texting law for drivers under the age of 18. She remarked that by supporting these activities it creates opportunities to pursue incentive funding from National Highway Traffic Safety Administration. The ultimate question to be answered is if the RTAB could support bill draft requests that aim to reduce morbidity and mortality. Ms. Britt responded that the RTAB is established through regulations of the Board of Health and the matter would require a legal opinion. Ms. Sizemore concurred and added that the Health District, as subject matter experts, can testify in matters as a means for informing or educating an audience; however the District cannot advocate for issues. As such the challenge becomes understanding the difference between educating and advocating. In summary the matter required further research and will be discussed at the subsequent meeting.

As the meeting was coming to a close, Carl Nelson commented on the creation of a 501(c)(3) which had been a previously considered as a means for supporting the trauma system. He inquired if the Committee still had interest in pursuing this option and added that the process for government approval for a 501(c)(3) application would take approximately 5-6 months. Ms. Britt replied that legally it could be an option; however, currently it's not feasible for the Health District to assume the responsibility to be the lead organization for the creations of a 501(c)(3). If there were a collaboration, with an another agency willing to take the lead on initiating that process, then there is a willingness for the Health District to partner in it. Ms. Britt explained that she had researched the San Diego Trauma Foundation and reported that it consists of a group of hospitals. Ms. Dokken commented that she would research if the St. Rose Dominican Health Foundation would be willing to assist in this matter. Chair Breen remarked an attorney who is knowledgeable on this topic would be the appropriate place to start. She offered to contact individuals who are familiar with the process and obtain information in order to pursue the creation of a nonprofit organization. As there were no further matters the discussion was closed.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The Committee agreed to meet on a monthly basis in preparation for Trauma Awareness month in May. The next meeting was scheduled for March 11, 2014.

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 included 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. Carl Nelson motioned, was seconded and passed unanimously to adjourn at 4:35 p.m.*