



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

FEBRUARY 23, 2016 - 3:00 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chair
Kim Dokken, RN, St. Rose Siena
Cindy Lubiarz, RN, Care Meridian
Senator Joyce Woodhouse

Gail Yedinak, UMC
Abby Hudema, UMC
Senator Shirley Breeden
Alma Angeles, RN, Sunrise

MEMBERS ABSENT

Dennis Nolan, Vice Chair
Kate Osti, NV Disability Advocacy & Law Center

Carl Nelson

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor

John Hammond, EMSTS Manager
Rae Pettie, Recording Secretary

CALL TO ORDER – NOTICE OF POSTING

The Trauma System Advocacy Committee convened in the Red Rock Trails Conference Room A at the Southern Nevada Health District, located at 280 S. Decatur Boulevard, on Tuesday, February 23, 2016. Chair Breen called the meeting to order at 3:09 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.

Chairman Breen asked if anyone wished to address the Committee. Seeing no one, she 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: 12/9/14

Chair Breen asked for approval of the minutes from the December 9, 2014 meeting. A motion was made

by Abby Hudema, seconded by Gail Yedinak, and carried unanimously to approve the minutes as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Outreach Efforts to Increase Awareness About Southern Nevada EMS & Trauma System

Chair Breen remarked that the next legislative session is right around the corner. She stated that the committee needs to increase their efforts to promote the EMS & Trauma System throughout the valley. She suggested they purchase table coverings or banners that include the trauma logo for their literature tables when conducting outreach activities. She asked about the possibility of requesting a budget to cover related costs such as printing. Mr. Hammond commented that the Office of EMS & Trauma System is operating on a very tight budget at this time, so there is minimal funding for merchandising. The committee discussed other products they could incorporate to increase awareness, such as stickers and vinyl table covers that include the trauma logo. Alma Angeles asked if anyone can share any camera ready logos to expedite the production process. Mr. Hammond stated he will email the trauma logos to the committee members. Chair Breen mentioned she knows a reasonable vendor if anyone is interested. She suggested they pursue other entities such as Nevada D.O.T. and the CDC for additional monies. A question was raised as to whether they would require a 501 (c)(3) to receive those funds. Chair Breen replied that she has a 501 (c)(3). Mr. Hammond noted that Dr. Iser has a sub-account for his 501 (c)(3) to enable the Health District to accept donations. Cindy Lubiarez noted that Care Meridian has an affiliation with the Ronald McDonald House. They post their logos on each other's web page to increase awareness; so it's a win-win situation. She suggested they all send letters to their community partners to encourage them to post the trauma logo to their web pages.

The committee also discussed utilizing social media such as Twitter. Dr. Young stated the Health District has a Twitter feed that can also be utilized. He stated that if they include the SNV Trauma System tag (@SNVTraumaSystem) along with theirs, it would automatically get pushed under the Health District's feed. So the content can be shared without having to duplicate efforts. Abby Hudema shared that Zero Fatalities held a contest where the kids had to quickly spread the word through social media. The kids had a lot of fun and were all given prizes for their efforts. Chair Breen encouraged the committee to share their event calendars with one another to give the trauma system appropriate representation.

B. Discussion of Future Legislative Efforts Related to EMS & Trauma System Development in Nevada

Chair Breen asked Senator Woodhouse to give some background on the outcome of the 2015 legislative session on the issue of obtaining funding for the trauma system. Senator Woodhouse stated that the proposed \$1 fee added to insurance premiums did not pass. The insurance companies were against the fee increase, arguing that they don't have the resources, i.e. funds, staffing, software, to provide the required tracking. She added that it came down to three proposals: 1) To get everything they needed, plus two employees; 2) To get some of what they needed, plus one employee; and 3) To get the basic software to start tracking.

Senator Woodhouse is hopeful that the 2016 elections will include a different set of individuals, or at least some changes in the Senate and the Assembly. Finding funding will be their biggest obstacle. She noted that individuals who sign a "no tax pledge" vote nay when they read the tax as a fee, no matter how small. Some of those individuals may not be involved in the next session.

Senator Woodhouse suggested the committee ask the question, "What is it we need? What do we want?" prior to moving forward. As early as September they will need to be talking to the appropriate people to familiarize them on the issues related to the bill. She suggested they present a short, white paper explaining what the trauma system is, issues that will be addressed, and where the

monies will be spent. Mr. Hammond provided clarification that the trauma registry is separate from trauma system funding. He explained that the trauma registry is a database set up with the State, which is their responsibility to fund. Trauma system funding is for education, outreach, equipment, etc. Chair Breen remarked that this will be the third time this issue is taken to the legislature. The first time was strictly to get a trauma registry up and funded. The State testified against it and said that they could do it, which wasn't true. Ms. Hudema added that the State reported they weren't operational because the trauma centers weren't compliant. The trauma centers corrected the record by saying that was not true.

Ms. Hudema shared that she met with Jeanne, the administrator of the State trauma registry. Jeanne told her that that comprises only 50% of her job. She produced a report for Ms. Hudema which she admitted was not usable because the data is so limited. She noted it will probably take five years before we can get a usable report out of the registry. It will take a couple years to get all the hospitals complaint, and then they will need to get a historical perspective, which will take years. At the end of 2015 there were only nine hospitals; non-trauma centers, in the entire state. Jeanne noted she has received an abundance of complaints.

Ms. Yedinak commented that some of the monies can be used to pay for reports that we can't get from the State and have to procure nationally because we don't have a functional trauma registry. Dr. Young asked whether that data is from the national standard; people admitted, died, or transferred in or out. Ms. Hudema said it is not; it matches the NTDB (National Trauma Database) standard. There are about 200-300 data points that are reported. She noted that the non-trauma center hospitals are required to provide data under a separate chapter of NRS (Nevada Revised Statutes). There is a web-based system as opposed to the trauma hospitals who utilize the NTRACS V5 Trauma Registry Software, a Digital Innovations product. Ms. Lubiarez asked if the software is similar to that of MedPAR (Medicare Provider Analysis and Review) data. Every acute care hospital submits data to the state that includes a lot of information used for reporting. It includes all the diagnoses that would fall under the trauma system, i.e. traumatic injuries, traumatic brain injuries, and burns. Dr. Young noted that past discussions with the payers involved the difficulty of getting the E-codes, which is a separate code like an injury, and getting that reported was difficult and logistically impossible.

Chair Breen stated that the committee should meet at least monthly to prepare for the next legislative session. She summarized the issues they need to address at the next meeting beginning with coming up with a budget, which entails coming up with a wish list. What is it that we want? How much will it cost? How will the monies be spent? The committee also needs a white paper to present to the legislators to increase their understanding of the trauma system and its needs. Ms. Hudema stated that the orange book contains very concise language about the components of a trauma system.

Cindy Lubiarez asked about the possibility of acquiring federal funds. Chair Breen responded that we can't obtain federal funding without the data to prove there is a need. She asked who is responsible for reporting ICD-9 E codes. Ms. Hudema replied that all the trauma centers capture the E codes. She added that the non-trauma hospitals are not consistent in reporting E codes.

Chair Breen suggested they meet with Dr. Joe Hardy ahead of time. Everybody looks to him for his opinion, which didn't match ours at the last legislative session. Senator Woodhouse noted that Dr. Hardy is currently in mid-term.

The committee agreed to meet again on March 15th at 3:00 p.m.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Dr. Young informed the committee that the Regional Trauma Advisory Board was going to meet the following day at the Health District. He stated it will be a very well attended meeting, and there will be time for public comment. Senator Breeden stated she serves on the RTAB as a citizen, representing the public.

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. 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 action 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 adjourned the meeting at 4:11 p.m.*