



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

OCTOBER 24, 2012 - 1:30 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chairman
Dennis Nolan, Centennial Hills Hospital, Vice Chair
Karyn Doddy, MD, Physical Medicine & Rehabilitation
Blake Bradley, Outdoor Promotions
Mary Ellen Britt, RN, Regional Trauma Coordinator

Senator Shirley Breeden
Melinda Case, RN, Sunrise Hospital
Kyle Kubovchick, Atkins Global
Rory Chetelat, EMSTS Manager

MEMBERS ABSENT

Kim Dokken, RN, St. Rose Siena
Shelly Cochran, Fertility Center of Las Vegas

Andrew Eisen, MD, Touro University
Tina LaVoie, Hillary LaVoie Effort

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 Wednesday, October 24, 2012. Erin Breen called the meeting to order at 1:39 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.

II. CONSENT AGENDA

There were no items on the Consent Agenda. Mary Ellen Britt explained that this is where the minutes from past meetings will be approved in the future.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Draft Trauma System Advocacy Committee (TSAC) Bylaws

Erin Breen introduced herself to the committee members in attendance and asked that everyone do

the same. Ms. Britt informed the members a trauma system consultation was conducted by the American College of Surgeons (ACS) in July 2011. One of the recommendations was to form a group of stakeholders, an Advocacy Committee, to promote the development of the trauma system. She thanked everyone in attendance for their interest in participating because it's substantial to have a multidisciplinary group looking at the system from different perspectives.

TSAC Bylaws

Article I: Purpose

Ms. Britt referred the Committee to the draft TSAC bylaws and stated they are based on the template used for the Regional Trauma Advisory Board (RTAB) and other SNHD committee bylaws. She explained the RTAB members consist of trauma medical directors and program managers from each of the three trauma centers in Clark County; representatives from EMS, non-trauma hospitals, rehabilitation services, injury prevention as well as a public representative. The RTAB meets quarterly and the TSAC is a sub-committee of that body.

The purpose of the TSAC is to assist the SNHD Office of Emergency Medical Services and Trauma System (OEMSTS), the RTAB, and the Medical Advisory Board (MAB) in promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada. Ms. Britt explained the MAB is the board for the EMS section of the OEMSTS and consists of medical directors for all the permitted EMS agencies in Clark County as well as the operations medical directors.

Article II: TSAC Liaison

The TSAC Chair or Vice Chair shall report findings as needed to the RTAB, MAB, and OEMSTS.

Article III: Members

The membership of the TSAC was written very broadly as clarified by Ms. Britt, and it shall consist of individuals representing centers for the treatment of trauma, non-trauma center hospitals, emergency medical services, injury prevention, community outreach, public relations, legislators, public policy-makers, and other interested stakeholders in the community. She added there will be at least one ex-officio member who is an employee of the Health District whose duties relate to the administration and enforcement of the Clark County Trauma System Regulations. The ex-officio member is not counted in determining quorum and shall not have the power to make motions or vote.

The term of membership is two years. The Committee recommended beginning October 1st and ending September 30th of the second year. There are no term limits. Each standing member shall have one vote. In the event that the standing member is not available, the alternate member may cast the vote. If a member of the TSAC is absent or not represented for any reason from three regularly scheduled meetings of the TSAC in a calendar year the seat may be declared vacant. Vacant seats are filled by qualified volunteers from the community.

Each member may designate an alternate member to serve in their place should they be temporarily unable to perform the required duties. Ms. Britt requested the OEMSTS be notified as to who that person will be so the office is aware of the alternate member designation. Ideally the alternate would be a reliable individual to sit in for the member. She furthered if there's a changing cast of individuals then it's a challenge to move agenda items forward due to the need to revisit issues for members who are unfamiliar with the discussion points. Ms. Britt reviewed the sections related to

the members serving without compensation and the need for members to disclose any conflicts of interest.

Article IV: Officers

The officers of the TSAC shall be the Chair and Vice Chair. The officers will be elected from the members in good standing to serve a two year term, from October 1 through September 30 of the second year. The vice-chairman will automatically be placed in nomination for the position of Chair at the end of the two year term. The Chair shall perform the duties delegated by the OEMSTS Manager or his/her designee, the RTAB, and those prescribed by these Bylaws. Additionally, the Vice Chair shall act as Chair of the TSAC in the absence of the Chair.

Article V: Meetings

Meetings will be held quarterly or more or less frequently as determined by the RTAB or the TSAC. Those present decided the quarterly meetings will be held on the second Tuesday of the month at 3:00 PM on the same quarterly schedule as the RTAB meetings. The committee determined meetings will be held more often throughout the upcoming months to prepare for the legislative session.

A simple majority of the voting members will constitute a quorum. The remaining articles related to parliamentary process, Nevada Open Meeting Law requirements, minutes, motions, and amendments were discussed and the language was accepted as written.

A motion was made by Erin Breen to approve the Trauma System Advocacy Committee Bylaws. Blake Bradley moved to second the motion and it passed unanimously by the Committee.

B. Election of Chair and Vice Chair

A motion was made by Dr. Karyn Doddy to nominate Erin Breen as Chairperson of the Trauma System Advocacy Committee. The motion was seconded by Senator Shirley Breeden and passed unanimously by the Committee.

A motion was made by Senator Shirley Breeden to nominate Dennis Nolan as the Vice Chairperson of the Trauma System Advocacy Committee. The motion was seconded by Dr. Doddy and passed unanimously by the Committee.

C. Discussion of Committee Goals and Objectives

Ms. Britt referred the Committee to an excerpt from the ACS consultation report pertaining to the significance of coalition building and community support and the recommendation to form an Advocacy Committee. The Health Resources and Services Administration (HRSA) *Model Trauma System Planning and Evaluation Guide* was also referenced as it discussed the importance of financing a trauma system. It illustrated what other states have accomplished legislatively for obtaining sustainable funding sources for their trauma systems.

At the October 17, 2012 RTAB meeting the members discussed the importance of funding the trauma system to meet the fundamental operational needs of the system. Currently the responsibility delegated to the OEMSTS through NRS 450B.237 does not incorporate a dedicated funding stream and the SNHD general fund covers salaries and supports activities dedicated to the trauma system. Ms. Britt recommended the committee advocate for the funding of a state trauma registry.

Chair Breen discussed previous unsuccessful attempts to request funding for the trauma registry and

system. Dennis Nolan explained his experience during the legislative session of trying to pass a bill which basically stated if you were the primary cause of an accident in which there were injuries and there was an additional contributing violation (DUI, reckless driving, etc.) then there would be a \$250 assessment. Part of the assessment would have contributed to building a campaign for creating more attentive drivers, and the balance could have been a funding mechanism for EMS. He commented the mindset of the legislators often poses a challenge in the bill draft process. Legislators with a conservative thought process oppose the “big brother” approach. Conversely, there is the other aspect of sympathy and empathy to first time offenders and a preference for an educational process as opposed to a punitive assessment. Senator Breeden concurred with Mr. Nolan and discussed her bill to prohibit the use of cellular phones while driving. In the initial bill draft the minimum fee to be assessed was \$250.00, and for progression of the bill it was ultimately tiered down to \$50.00 because some legislators were sympathetic to their constituents.

As Chair of the Transportation Committee, Senator Breeden has one bill draft sponsorship remaining and noted the deadline for the bill draft submission is November 5th. Mr. Nolan stated the mission should be finding a steady, sustainable funding source for the trauma system as a whole. Although a prioritization list has yet to be identified there is a necessity for creating a revenue stream for the trauma system. There was discussion of creating a license plate for generating revenues, but it was noted the approval process takes approximately six to eight years. Chair Breen inquired if the bill could be written in generic enough terms for initial submission to allow the committee time to develop a more comprehensive plan in support of the trauma system.

Chair Breen discussed the consequences of having tickets like DUI dismissed due to the involvement of establishments like Ticket Busters. She stated some form of an assessment is warranted and the revenue could be utilized to support the trauma system. Mr. Nolan referenced a bill passed in 2001 which supports this idea. The bill states an individual could not have somebody appear in court on their behalf if they have more than two moving violations in a given year; however, judges are not tracking these violations. Chair Breen agreed and discussed the case where a woman had seven moving violations over a two to three year period which was pleaded down to parking tickets. The offender eventually killed somebody on Interstate 215 which brought media attention to the judicial process. Mr. Nolan commented the current judicial process keeps the court system caseload clear. He added crafting a bill for a fee to be automatically assessed to a second moving violation would not pass because the process of tracking those violations would be a challenge. Senator Breeden added the legislators are not partial to extra fees. She advised contacting Metro Police Department, Department of Motor Vehicles and other law enforcement agencies to collaborate on the advocacy process.

Senator Breeden reported a generic bill draft could be prepared; however, the language would need to fall within the chapters of transportation. Mr. Nolan proposed using the committee name in the bill draft to read “Supporting the Trauma System Advocacy Committee through programs to reduce motor vehicle accident morbidity/mortality.” This would allow for the initial submission and could be moved to The Transportation Committee which is sympathetic to wanting to reduce the number of motor vehicle accidents and increase safety. This could potentially create programs which could generate a revenue source and assist in funding the trauma system. He reiterated the need to align coalitions with the Fire Department, EMS and Metro and identify the cost of a trauma system and the impacts to their organizations. Additionally, it would be beneficial to gain the support of the Gaming Board and resorts like MGM to assist in the advocacy for funding the trauma system.

Blake Bradley inquired how much of the trauma centers budgets were spent on patient care services as a result of motor vehicle related traumatic injuries. Chair Breen estimated the number to be 40%. Mr. Bradley used the example of penalizing a driver for speeding even if it didn’t result in a motor

vehicle crash because the potential to cause an accident still remains; therefore the driver should be liable and to some degree would help fund the trauma system. Ms. Britt reported that in her review of sample legislation the process included determining expenses related to staff and operate a state trauma registry. There were references to the costs of undercompensated and uncompensated trauma care incurred by trauma centers. She advised there needs to be a focus on identifying the trauma system requirements and prioritizing the key elements. Advocating for the state trauma registry is essential because there are no readily available answers to questions, like the one asked by Mr. Bradley, without having a centralized repository of data.

The state law requires all hospitals to submit data on all traumatic injuries that meet a specific definition. In 2007 the State Health Division's software could no longer support the volume of patients that were being entered into it so they purchased a new software program that they have not been able to operationalize. The ACS report indicated the trauma registry is an essential function and the Nevada Administrative Code requires reports to be generated by the state. The reports should be available to the public and other stakeholders that use the information to support their injury prevention programs or to give a summary of findings within the state.

The value of a trauma registry was illustrated by Chair Breen's example of tracking unrestrained passengers who were treated at the University Medical Center (UMC). An unrestrained passenger incurred \$23,000 more in hospital bills than a passenger who was restrained. Dr. Doddy commented the data becomes a method for approaching the legislature, but as it deteriorates then it's more challenging to bring issues forward. Kyle Kubovchick agreed the data is valuable from an engineering perspective and he struggles to obtain the proper information from the Nevada Department of Transportation currently. Mr. Chetelat reported there's a strong link between traffic data and the trauma registry but the ability to determine patient outcomes is not linked. The Crash Outcome Data Evaluation System (CODES), a nationally offered product, has the ability to link EMS, trauma and outcomes and it isn't available in the state due to lack of funding.

The TSAC will need to determine the cost to reinstitute the state trauma registry as advised by Mr. Nolan; additionally, he recommended initiating dialogue at the state level to gain support on this process. Any dedicated funding would support the trauma registry and other trauma system related activities. He suggested using broad language for the Bill Draft Request (BDR) such as "To support funding and programs for the Trauma System Advocacy Committee" and the trauma registry would be considered one of those programs. Mr. Chetelat also advised adding "Access to data for the analysis of trauma injuries in the state." He discussed that if the funding were to remain at a local level there is a potential to manage the data at the Health District level and report up to the state. It could be considered a pilot project with the District as a catalyst for the gathering of data. Ms. Britt reported a dedicated person would be required to receive, manage, and interpret the data as well as generate reports.

There was discussion regarding the implementation of a state wide assessment and the potential impact of positioning county against county. Mr. Nolan suggested after the initial bill hearing, a recommendation could be brought forward to keep it at a county level and request the County Commission's approval on it. Washoe County, the only other county with a dedicated trauma center, could also express interest.

Chair Breen referenced materials she obtained from the Centers for Disease Control and Prevention (CDC) pertaining to the cost of deaths from motor vehicle collisions. There were examples of costs at the state level and other statistical information that she collected from the CDC Injury Fact Book. She informed the members that the CDC data is a reflection of the information that is not accessible

on a state level. The CDC is a good source of information; however, it's only current through 2007 on data pertaining to motor vehicle crashes. She explained the significance of having current data particularly in a year like the current one in which there has been a surge of motor vehicle collisions.

A motion was made by Dennis Nolan to use the language articulated by Chair Breen, "To support the Trauma System Advocacy Committee and access to data from the trauma registry throughout the state." The motion was seconded and it passed unanimously by the committee.

Several committee members agreed to convene and prepare the BDR for the November 5th deadline.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The Committee agreed to meet again on November 13th 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

None

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 3:03 p.m.