



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

AUGUST 13, 2013 - 3:00 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chairman
Kate Osti, Nevada Disability Advocacy & Law Center

Gregg Fusto, RN, UMC
Carl Nelson, Public

MEMBERS ABSENT

Dennis Nolan, Centennial Hills Hospital, Vice Chair
Senator Shirley Breeden
Gail Yedinak, UMC
Kyle Kubovchik, Penna Powers Brian Haynes

Kim Dokken, RN, St. Rose Siena
Melinda Case, RN, Sunrise Hospital
Blake Bradley, Outdoor Promotions

SNHD STAFF PRESENT

Christian Young, MD, Medical Director
Michelle Nath, Recording Secretary

Mary Ellen Britt, RN, Acting EMSTS Manager

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, August 13, 2013. Chair 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: 3/12/13 - Tabled

Due to lack of quorum no action was taken on the minutes from the March 12, 2013 meeting. The item

was tabled to the next scheduled meeting.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Final Report on Senate Bill No. 205 to Support the Trauma System

Chair Breen provided a summary on Senate Bill No. 205 which was the bill created to secure funding for the State Trauma Registry. She reported the bulk of the work completed by the Trauma System Advocacy Committee (TSAC) throughout the past six months was dedicated to Senate Bill No. 205 and noted that the bill did not pass. She explained that Senator Joyce Woodhouse, sponsor of the bill, had every indication by the Chair of the Senate Finance Committee that the allocation of \$200,000 for funding the trauma registry would be feasible; however, there were challenges which eliminated the bill passage. In order to move forward an absolute definition with a line item budget needs to be identified, and there needs to be a concerted effort to identify other legislators who will support this cause. Part of the challenge is working with the State to create a realistic budget. There seems to be a disconnect between what the program manager and the administrators see as a reasonable financial plan to accomplish the required tasks. Gaining the support of the Nevada Hospital Association, which did not support the legislative effort, is also pivotal.

The question was raised regarding the need to revise the existing bill draft. Chair Breen initially responded no, stating that the concept would have been funded; however, the conflicting information about the budget nullified that opportunity. Gregg Fusto questioned why the funding must go through the State. Ms. Britt responded that it is stated in the statutes that the creation and maintenance of the trauma registry is a State responsibility. Mr. Fusto commented that the trauma registry has not been operational for seven years. Ms. Britt acknowledged this is true but indicated there is reluctance on the part of the Southern Nevada Health District (SNHD) to assume a responsibility that belongs to the State. In addition, the law is written so that the data should be sent to the State and not the SNHD. It would require a change in the NRS and NAC to require hospitals to report to SNHD, and that would require another legislative effort. Chair Breen voiced concern about pursuing this type of legislative change. The State has not been able to maintain the trauma registry over the last seven years so there is a possibility that the State would remove the language entirely and creating this potential would not be favorable.

Chair Breen commented on the level of support gained through Senator Justin Jones, Chair of Health and Human Services, and she indicated she was allowed to meet with legislators outside of the legislative session. Ms. Britt advised the committee she found a document created by the Trauma Center Association of America which outlined important talking points that can be used when educating legislators. She suggested preparing a Nevada specific document that could be used for distribution and commented that the national data would need to be used for the document as there is no current Nevada data available at present. While proceeding with the legislative effort, the possibility of finding sustainable financial support for the trauma registry needs to be researched.

During previous discussions the committee had looked at the possibility of collecting fees or fines on traffic violations as is done in many other states. At the time, the committee was advised that the Nevada Constitution prohibits monies collected for moving violations to be used for anything except road maintenance and education. Ms. Britt expressed interest in obtaining a legal opinion on the interpretation of the Constitution, particularly the two articles that limit the use of these fines. She researched how Texas funds their trauma system and reported that the state utilizes tobacco settlement money, detailing they invested the money which gives them millions of dollars to support their EMS and Trauma System. Further, one of the questions raised by the Senate Finance Committee members was whether or not tobacco funds could be used for this purpose in Nevada and it was determined this was not an option. Chair Breen recommended getting an attorney's general opinion on the possibility of using fees or fines to support the Nevada system statewide including the rural areas. Ms. Britt commented that in other states the approach is from a broader perspective in terms of trauma system development. Some not only use funds for building the infrastructure of the trauma system, like having a functioning trauma registry, but also to educate rural providers and for

uncompensated care for the trauma centers.

Defining the goals and determining the costs involved to achieve them will be priority steps for the TSAC. A concrete plan needs to be formulated for moving forward with the legislative effort. Ms. Britt agreed to work on the budget aspect and ascertain if there can be an agreement with the State as far as the basics for making the trauma registry operational. She referred back to a question that was posed to SNHD's Director of Community Health following a previous Regional Trauma Advisory Board (RTAB) meeting regarding whether or not SNHD could receive funds directly. She reported receiving verification from the Finance Department that SNHD could receive money but it would not be tax deductible for the donor.

Carl Nelson recommended starting a non-profit organization, and Kate Osti expressed interest in investigating the possibility as well. Chair Breen questioned if the new Chief Health Officer would be in agreement with supporting a 501(c)(3). Mr. Fusto added that Dr. Jeser, a member of the Trauma Medical Audit Committee, indicated he had some ideas about raising private money for a non-profit organization. Following the RTAB meeting, Ms. Britt researched the Trauma Foundation in San Diego. The San Diego Trauma Research and Education Foundation involves the area trauma centers and the trauma program managers are members of the Foundation's Board. Based on the recommendations made, she suggested investigating the creation of a 501(c)(3) so there would be an incentive for not just big contributors, but as Dr. Jeser noted, individuals who may want to make a donation in honor of someone who sustained a traumatic injury. Ms. Osti concurred and added a 501(c)(3) also opens the possibilities for obtaining other grant money.

The focus was leaning towards system development and Chair Breen opined this is a natural step for the RTAB. Ms. Britt added there have been discussions over the years about having a joint trauma conference and the development of a system wide organization would set the platform to do that. She asked Mr. Fusto, Program Manager for UMC Trauma and Burn Center, who has handled fund raising for that center, whether or not there would be a conflict in raising funds for the trauma system. He responded that he would be able to capture more funds for the trauma system rather than just having one trauma center soliciting funds, and that it would not be a conflict. He added that he would continue his outreach for UMC but remarked that he would probably be able to obtain more funds for the system as a whole because it would benefit more than just one hospital.

Creating a trauma foundation for educational and outreach purposes is a positive step. This would create opportunities for making grants and building community partnerships which are beneficial to system development. Mr. Fusto added there is an added value if the funds remain in Southern Nevada noting donors would find it appealing to have their donations utilized locally. Mr. Nelson added you could also add an EMS segment which could extend to the rural communities. Ms. Osti remarked she knows an individual who can assist with the documentation aspect for creating a foundation as well as a legal contact who can review it. She added when creating the Board it is essential to select members who are well connected and will be able to bring people to fundraisers that are going to contribute to the cause. Chair Breen remarked the first step will be to outline the mission and vision statements as well as the creation of the Board. Ms. Osti responded a diverse Board is favorable and one that is comprised of trauma doctors is appealing to donors. Chair Breen suggested keeping the Board to a number under twelve and that the members should be more than just figure heads because these will be the people to rely on for the development and advancement of the system. In closing the chairman suggested that the committee investigate the feasibility of creating a 501(c)(3) and to come to the next meeting prepared to discuss the next steps in the process.

The last component discussed was increasing public awareness about the trauma system and the value of having such a system. This was a discussion point at the last RTAB meeting and a topic in need of development. Ms. Britt made reference to video clips from other states that talk about that as examples for a public information campaign. An invitation to the next meeting was extended to Public Information staff so ideas can be discussed for generating awareness about the trauma system as well as increasing the value of the system.

B. Discussion of Committee Short-Term, Mid-Term and Long Term Goals – Tabled

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The Committee agreed to meet next month with a date yet to be determined.

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. The motion was seconded and passed unanimously to adjourn at 4:08 p.m.