



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

JUNE 3, 2014 - 3:00 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chairman	Senator Joyce Woodhouse
Abby Hudema, RN, UMC	Melinda Case, RN, Sunrise Hospital
Kate Osti, Nevada Disability Advocacy & Law Center	Cindy Lubiartz, RN, Care Meridian

MEMBERS ABSENT

Dennis Nolan, Community Ambulance, Vice-Chairman	Senator Shirley Breeden
Kim Dokken, RN, St. Rose Siena Hospital	Carl Nelson, Public
Gail Yedinak, UMC	

SNHD STAFF PRESENT

Mary Ellen Britt, RN, EMSTS Manager	Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Supervisor	Jennifer Sizemore, PIO Manager
Stephanie Bethel, Public Information Officer	Michelle Nath, Recording Secretary

CALL TO ORDER – NOTICE OF POSTING

The Trauma System Advocacy Committee convened in Conference Room 2 at Southern Nevada Health District, 330 S. Valley View Boulevard, on Tuesday, June 3, 2014. 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. Seeing no one Chair Breen 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: 4/29/14

Chair Breen asked for approval of the minutes from the April 29, 2014 meeting. *A motion was made by Melinda Case to accept the minutes as written. The motion was seconded by Abby Hudema, and carried unanimously by the Committee.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

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

Chair Breen reported a press conference was held at the Southern Nevada Health District (SNHD) on May 16, 2014 to launch the trauma awareness campaign. There was a great level of participation and the press conference participants included representation from the trauma centers, trauma survivors, EMS representatives, and a legislator. Each speaker addressed a significant aspect of the message to promote awareness about the value of the trauma system. The SNHD Public Information Office will utilize video footage and photographs obtained from the conference to further promote the campaign through social media outlets and they will set up Twitter and Facebook pages and a dedicated micro site for the Southern Nevada Trauma System. Mary Ellen Britt recommended setting up opportunities to video record some of the guest speakers including the trauma survivors to capture their comments about the importance of a trauma system. The survivor stories are very compelling and are a great way to communicate the message on behalf of the trauma system. Outreach efforts will continue with the use of social media in order to increase awareness about the value of the system.

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

Chair Breen opened the discussion by asking Senator Woodhouse to provide an update on her research pertaining to the number of insurance policies purchased annually in Nevada. Senator Woodhouse reported that the Legislative Counsel Bureau contacted the Insurance Division to obtain the number of homeowner and automobile policies that are purchased annually and that the information is not totally complete because the data weren't available for smaller firms. She added that the market place is approximately 70-75% and there are 983,486 automobile policies and 484,041 homeowners policies purchased annually. In order to pursue a potential revenue source from insurance policies, the Senator recommended seeking support from other legislators as well as the lobbyists for the insurance companies. Measures will also need to be taken to gain support from the rural communities so they understand the value in pursuing funding for the statewide EMS and trauma system. Ms. Britt added the funding can be broadened to cover activities beyond the trauma registry and should also include rural EMS services. Many of the rural services are comprised of volunteers and any revenue that could be allocated to provide training and incentives would be beneficial to these communities.

Senator Woodhouse commented that she was surprised to find out that 40% of the trauma registry patients were admitted due to falls. Pursuing a fee on homeowners' insurance policies in correlation to the high volume of falls is logical; however, there is always a challenge to pass a fee at the legislature. She added that the case will need to be made to justify a fee to serve the needs of the southern and northern counties and the rates would be the same for both. In comparison, the rural counties might have different needs and they will need to be identified in order to determine an appropriate rate for those communities. Chair Breen remarked determining the appropriate dollar amount is a priority, noting that a \$1.00 fee could potentially generate a \$2 million funding source and a \$2.00 fee would double it.

Abby Hudema commented that it's important to illustrate how other states are funding their trauma systems. Senator Woodhouse agreed that providing historical information to support the importance of funding the EMS and trauma system is significant. She added that she would ask the National Conference of State Legislatures (NCSL) to obtain information regarding the funding mechanisms for other trauma systems. Chair Breen discussed the importance of defining the budget and that a plan will need to be developed to define how the funding will be allocated. The challenge lies in determining whether the established fund would reside within the Department of Health and Human Services (HHS) or Department of Public Safety (DPS) as discussions are ongoing about the potential move of the state's EMS program from HHS to DPS. There is concern that this change could impact any future legislative efforts because it would open Nevada Revised Statutes (NRS) Chapter 450B from which the Southern Nevada District Board of Health derives its authority for EMS in Clark County. The committee agreed that it would be beneficial to extend an invitation to staff from the

state's EMS program to attend the next committee meeting to discuss the challenges of EMS & trauma system development. Ms. Britt agreed to follow up with the manager of that program to obtain an update regarding the move to DPS and to extend an invitation to attend the July Regional Trauma Advisory Board meeting. Chair Breen added that the move would require legislative approval and it would occur concurrently with the request for EMS and trauma system funding. The uncertainty of this event may impact whether or not the legislators will be in support of creating a system fund.

As the discussion of system funding ensued, it was agreed that the state trauma registry would remain a priority. Identifying the resources needed to operationalize the registry is an important component of the funding plan. Some of the resources would include staff to support the trauma registry. Another significant aspect for funding the EMS and trauma system would be to support rural EMS services with funding dedicated to equipment and training. There were other recommendations to fund injury prevention education and support programs such as fall prevention programs for the elderly population. Chair Breen asked the members to develop a list of priorities for funding allocation and that this would be an agenda item at the next scheduled committee meeting.

Ms. Britt referred back to the trauma registry and reported that the American College of Surgeons, during the 2011 trauma system consultation, recommended the development of a trauma registry at the local level. This would provide more direct access to the trauma data. The data could be uploaded to the state and to the Health District concurrently which would provide the District the opportunity to perform timely data analysis. The SNHD Chief Health Officer is amenable to this recommendation; however NRS 450B.238-239 stipulates that the trauma registry is a function of the state. Although this is a requirement per NRS, the obligation has not been fulfilled since 2007. Chair Breen voiced her concern that without the appropriate data it becomes challenging to further system development. Cindy Lubiarez questioned whether reverse trending could be accomplished by cross referencing other data. Melinda Case responded that non-trauma center data is coded for billing, not for injury; therefore it wouldn't be a valid analysis. Ms. Britt agreed and discussed a previous project which used inpatient data from the Center for Health Information Analysis to identify trauma patients at non-trauma center hospitals based on ICD-9 derived Injury Severity Scores and compared the findings to trauma center data. Upon completion of the project it was determined that the methodology of defining traumatic injuries varied between the two data sets which did not yield accurate results. The value in the trauma registry data is that the criteria are defined by the National Trauma Data Bank which is used nationally and this allows for comparison with other regions. The trauma registry is a significant tool for determining system utilization and a functioning trauma registry is a key component of a robust trauma system.

Chair Breen reiterated that any recommendations for prioritizing the allocation of trauma system funding be brought forward at the next committee meeting. She requested any updates from the NCSL, the Legislative Counsel Bureau and insurance industry be reported at the next meeting too. At this point the discussion transitioned to the possibility of creating a trauma system foundation as another sustainable funding source for the EMS and trauma system. Ms. Britt remarked that the Chief Health Officer was doing research on an existing nonprofit organization that might be a suitable match for partnering with the trauma system. Chair Breen added that the Nevada Injury Prevention nonprofit organization could be another option. There was discussion about the processes involved to create a new 501(c)(3) foundation and it was recommended that the articles of incorporation be broadly defined for a newly established foundation. This would allow for greater flexibility during the initial development of the foundation. Ms. Britt briefly commented that San Diego's trauma foundation was initially established through contributions from their trauma centers. The foundation is used for education and prevention primarily and its audience includes healthcare providers and the public. There are other regions that have established trauma funding sources and they use varying mechanisms for generating revenue. Colorado has a \$6.8 million budget that is based on fees assessed on moving violations. As other examples were discussed, there were some suggestions for potential revenue sources for the establishment of a trauma foundation in Southern

Nevada, including partnering with one of the major hotel casino establishments. It was also noted that the board members for the foundation would have a major role in the fund-raising process. In closing, the committee will move forward with efforts to obtain a sustainable fund source for the EMS and trauma system, and the creation of a trauma foundation will continue to be explored.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The Committee agreed to meet on July 8, 2014 and there will be a work session scheduled for July 16, 2014, immediately following the Regional Trauma Advisory Board Meeting.

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 called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 4:13 p.m.