



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

MARCH 15, 2016 - 3:00 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chair
Kim Dokken, RN, St. Rose Siena
Kate Osti, NV Disability Advocacy & Law Center

Gail Yedinak, UMC
Abby Hudema, UMC
Senator Shirley Breedon

MEMBERS ABSENT

Dennis Nolan, Vice Chair
Alma Angeles, RN, Sunrise
Senator Joyce Woodhouse

Carl Nelson
Cindy Lubiartz, RN, Care Meridian

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor

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, March 15, 2016. Chair Breen called the meeting to order at 3:20 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: 2/23/16

Chair Breen asked for approval of the minutes from the February 23, 2016 meeting. Laura Palmer noted

that there was an incorrect date on the draft meeting minutes. *A motion was made by Abby Hudema, seconded by Senator Breeden, and carried unanimously to approve the amended minutes.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Fiscal Needs for the Southern Nevada Trauma System

Chair Breen opened the discussion by asking for ideas on how to approach the legislators to elicit their support in acquiring funding for a fully functioning trauma registry. Abby Hudema suggested the committee review the bill draft and minutes from the prior legislative session. Chair Breen agreed to send the information out to the committee prior to the next meeting. She remarked that they previously asked for one full time and one half-time employee, and monies to fund trauma education and outreach. Member Hudema noted that the state purchased software, so the framework is in place for a trauma registry. The state has had successful submissions from some, if not all, of the trauma centers. The trauma centers are now using the Digital Innovations Version 5 software. The last report from Jeanne, the administrator of the State trauma registry, was that they were at about 80% compliance with the non-trauma center hospitals. Member Hudema noted that Jeanne is only 50% dedicated to the effort so she doesn't have a lot of time to manage it. Jeanne is hopeful that she can dedicate the time needed to make the data useful. The funding is currently being paid out of EMSC (Emergency Medical Services for Children), which focuses on early stabilization and transport of injured children from rural communities. Jeanne currently has an assistant, but she has a two-pronged role with the trauma registry and running a volunteer program for the State of Nevada.

Gail Yedenak asked where she would go if she were trying to get information about trauma injuries in Nevada for a prevention initiative. Member Hudema replied there is no national data at this time; the Level III centers are just now beginning to submit to the State. She noted that the non-trauma center hospitals do not have to submit data to any national repository, but they do have to submit to the State. She reiterated they are now 80% compliant. It's a challenge because we don't have a good central source of data. The data submitted to the health district doesn't have as many data points; it's very limited. There are many challenges related to ensure the registry is supported.

The committee discussed different strategies to plan for the 2017 legislative session. Senator Breeden suggested they revisit the bill and minutes, and review the pros and cons. A good start would be to focus on the negative discussion and build from there. Chair Breen remarked that she would still like support from the insurance companies to charge a \$1 users fee. Member Yedenak noted the importance of having support from the State.

Dr. Young recalled there was confusion as to why we were asking for money when there a trauma registry is already in place. It appeared that we were duplicating our efforts. He suggested that they meet with the State beforehand to ensure they don't report that the trauma registry is working well at the next legislative session. Chair Breen stated that, unfortunately, many laws are passed with no funding source. Senator Breeden agreed that the State is a major player. They will need documentation and testimony from the individuals who collect our data to show the trauma registry cannot function without funding. Dr. Young noted they need to pose the question to the State to where the answer will definitely expose that it isn't working well and needs to be fixed. Member Yedenak stated she will check on whether NRS mandates they produce a report. Member Hudema stated Jeanne produced a report, but it's useless because it contains no data. Member Yedenak suggested they research NRS further to see if it specifies something more specific about what the report should include. If they don't have the resources to produce what they is mandated that will work in their favor.

Ms. Palmer noted the health district is in the process of selecting a new lobbyist. Chair Breen stated that Dennis Nolan can be their liaison with the legislators in Southern Nevada since he now lives in Carson City. She has two different strategies for her own initiatives, depending on who is elected. Ms. Palmer suggested that since the State has taken the stance that they're handling the trauma registry well, and that's the only thing that keeps the system itself from being funded, maybe we

move in another direction by letting that go and instead work on an independent registry on our own. Dr. Young agreed that the trauma registry is only one piece of the puzzle. Member Hudema stated it's interesting that the funding that supports the trauma registry was intended for rural education. UMC has a small portion of that fund; they go out three times a year to do burn prevention or EMS education for specific counties.

The committee discussed the \$1 insurance company fee that was rejected at the last session. The legislators referred to the \$1 fee as a tax, when in fact, it's a user fee. Chair Breen noted the DMV has a checkbox on the vehicle registration renewal for people to donate money. However, it would be much harder to go that route.

Dr. Young stated that in looking at the different trauma systems all over the country, there were some systems with no funding, like Southern Nevada, and then others with million dollar budgets. Chair Breen remarked they should wrap everything up by November. They could invite the legislators to breakfast as a group. Ms. Palmer suggested they show the "Every 15 minutes" video as a tutorial as a tutorial to demonstrate the trauma system. She added that until you've really experienced the trauma system you really have no idea what's involved. Kate Osti agreed that the public does not understand the issues related to the trauma system, nor the importance of having one in place. When she talks to people in the legal centers and the lawyers they don't seem to care about trauma. If it doesn't touch their personal life they turn a blind eye to it. She added that they need to make it personal, otherwise people are not going to get involved, and they're certainly not going to even give up a dollar.

Member Hudema talked about the survivor videos that are presented at the annual trauma luncheon. She stated they have an incredible lineup this year's luncheon scheduled for May 13th. Stephanie Bethel, SNHD Public Information Officer, related that Danita Cohen from UMC gave her videos to post on the Health District's social media. If Danita could send more videos, Ms. Bethel would be happy to include them on Twitter in May when she updates the site. Chair Breen mentioned the stories on ePEDEmic.org, the new pedestrian campaign to make people aware of being pedestrian safe.

Dr. Young stated the ACS (American College of Surgeons) follow legislative efforts through the whole country so they may have some good reading. Member Hudema stated that UMC was mentioned in their last newsletter.

Member Yedenak asked how the absence of a trauma system impacts the community's business environment. Chair Breen replied that mortality would increase, which affects everything. Member Yedenak commented that the air ambulance business would also rise. Senator Breeden noted that that would definitely impact insurance premiums. She remarked that they should paint a picture of what life would be like without a trauma system in place. People wouldn't get to a trauma hospital within the golden hour. She alluded to Member Osti's comment that you don't realize the impact until it touches you. Member Osti suggested they not only look at the death rates. They need to try and extrapolate the poorer outcomes for the survivors, which then tax the community's resources. Senator Breeden reminded them that their goal is to convince the legislators. Yes, we need to educate the public, but they're not the ones voting on this initiative.

Chair Breen asked Senator Breeden whether they should plan on meeting with the legislators all at the same time. Senator Breeden replied that it may be better to meet with them one, or two at a time. Ms. Palmer asked whether a presentation would be productive. Senator Breeden didn't believe it would be helpful. Member Hudema suggested a concise list of talking points that strongly delivers their message. Senator Breeden stated that would be good because they have limited time, and are too busy working on their personal bill drafts.

B. Discussion of Committee's Position on the Pending Trauma Center Applications for Initial Authorization as a Center for the Treatment of Trauma from Centennial Hills Hospital,

MountainView Hospital, and Southern hills Hospital

Chair Breen gave some background on the three pending applications going before the Board of Health. She stated she would like to address the Board as Chair of the TSAC to state their position on the recommendation. Member Hudema advised that the Board of Health changed the meeting to May 26th. Chair Breen stated she will work on a position statement and bring it back to the TSAC for review.

The committee agreed to meet again on April 12th at 2:00 p.m.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None.

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 4:34 p.m.