



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA REHABILITATION COMMITTEE

OCTOBER 11, 2012 - 9:00 A.M.

MEMBERS PRESENT

Karyn Doddy, MD, Chair
Paul D'Ambrosi, Complex Care
Julie Barth, Care Meridian

Craig Bailey, Kindred Hospital
Elizabeth Snavely, UMC Betsy Aiello, DHFP
Deanna Martin, HealthSouth

MEMBERS ABSENT

Linn Billingsley, RTAB Rehabilitation Rep.
Linda Kalekas, RN, RTAB Injury Prevention Rep.
Michele Cicogna, RN, Sunrise Hospital
Stacy Johnson, RN, Sunrise Hospital

Bryn Rodriguez, MD, IPC
Tracy Jackson, HCA
Kim Haley, St. Rose Dominican Hospitals

SNHD STAFF PRESENT

Mary Ellen Britt, RN, Regional Trauma Coordinator

Michelle Nath, Recording Secretary

CALL TO ORDER – NOTICE OF POSTING

The Trauma Rehabilitation Committee convened in the Human Resources Conference Room # 2 at the Southern Nevada Health District on Wednesday, October 11, 2012. Dr. Karyn Doddy called the meeting to order at 9:11 a.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

Chairperson Doddy stated the Consent Agenda consisted of matters to be considered by the Trauma Rehabilitation Committee (TRC) that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Trauma Rehabilitation Committee: 7/12/12

Chairperson Doddy asked for approval of the minutes from the July 12, 2012 meeting. A motion was made by Elizabeth Snavelly to accept the minutes as written. The motion was seconded by Craig Bailey, and carried unanimously by the Committee.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Rehabilitation Inpatient Data

Betsy Aiello introduced herself via teleconference as the Deputy Administrator, and Acting Administrator for the Division of Healthcare Funding and Policy. Dr. Doddy asked that the members introduce themselves to Ms. Aiello and the others in attendance for the record.

Dr. Doddy asked that Elizabeth Snavelly begin the discussion on the collection of rehabilitation inpatient data. Ms. Snavelly stated that UMC, Sunrise, and St. Rose - Siena trauma centers are interested in outcome data for patients who are transferred to rehabilitation facilities. They would like to start small and track three fields of data: 1) name of rehabilitation facility to which the patient was discharged; 2) discharge date from the rehabilitation facility; and 3) disposition from the rehabilitation facility. She stated UMC and Sunrise are able to identify where their patients are discharged through a custom data field in the trauma registry. This information can then be shared with the rehabilitation facilities. Data will be only collected on patients who reside in Clark County. The rehabilitation facilities will in turn provide the discharge data from their respective facility, including disposition. Ms. Snavelly noted that she has seen an example of a discharge summary report from HealthSouth, which she described as phenomenal. She liked the fact there is a FIM (functional independence measure) score upon admission and another FIM score upon discharge, so they could see the progress the patient made. She asked the Committee for a timeframe to begin the process. Julie Barth asked for direction as to where the rehabilitation facilities will send their discharge data. Mary Ellen Britt stated the rehabilitation facilities will send the discharge data back to the trauma centers where the patient originated and the trauma centers will then forward the de-identified aggregate data to the health district to compile into reports.

Ms. Snavelly stated there are a couple of different ways for UMC to obtain data: their hospital computer system, and their social services department. She has been working with their social services department to obtain the missing pieces of information. So far, she has entered all the names of the rehabilitation facilities in Clark County utilizing the list she received at the last meeting. She noted she has not yet reached out to any of the rehabilitation facilities for any information. She suggested they also track burn patients who require extensive rehabilitation. Since UMC is the only burn center in the state, she would be more than willing to capture that data. Dr. Doddy asked if an implementation date of 10/1/12 would be amenable. If so, they would be able to capture data for a full quarter. Everyone was in agreement with the start date. Ms. Aiello asked whether a partnership agreement was required per HIPAA. Dr. Doddy replied that there would be no HIPAA violation because it is considered a continuum of care. When the final aggregate data is transferred to the health district all personal information will have been redacted.

Ms. Aiello shared that Health Insight, a not-for-profit entity in Las Vegas, is setting up a health information exchange. They will most likely partner with all of the major hospitals and possibly some of the rehabilitation facilities. The State is also working on developing a health information exchange for electronic health records, which they may be able to query in the future. The system may be implemented sometime within the next year. Ms. Snavelly stated that UMC hopes to have its electronic medical records software running by December, and she is looking forward to everyone coming on board in the near future. Dr. Doddy stated that after obtaining two quarters of outcome data related to patients being discharged from trauma centers to acute rehabilitation facilities, they can start to capture the other facilities such as long-term acute care (LTAC) and skilled nursing facilities (SNF). Craig Bailey asked if there is a reason why the Committee is not including the

LTACs and SNFs from the outset. Dr. Doddy asked whether it would be too taxing on Ms. Snavelly to track all of the facilities at this time. Ms. Snavelly suggested they start with the acute rehabilitation facilities for the first quarter to see how the process goes. If everything is working smoothly they can include the LTACs and SNFs for the next quarter. Dr. Doddy noted that the acute rehabilitation facilities are able to provide outcome information on not just disposition, but the FIM scores as well. Ms. Snavelly agreed that the key element is functionality.

Ms. Britt asked for clarification on the process for the exchange of information. Ms. Snavelly stated that she will track to which rehabilitation facility the patient was discharged. Deanna Martin stated that HealthSouth will, upon patient discharge, send a spidergram to whichever trauma center initially transferred the patient to them. It was suggested that the trauma center contact information be given to all of the rehabilitation facilities so they know where to send the patient information. Mr. Bailey asked if all the acute rehabilitation facilities are participating. Ms. Britt replied that they have attempted to reach out to all of them.

B. Discussion of List Regarding Rehabilitation Resources

The Committee agreed to expand the list of rehabilitation facilities in Southern Nevada initially created by Dr. Doddy and Linn Billingsley to include the contact information for the person who will be responsible for providing the trauma centers with the pertinent patient information. Ms. Snavelly noted that the list should also include the trauma center staff responsible for collecting the data. It was noted that in addition to the contact name, it would be helpful to have the contact position in case of personnel changes. There was much discussion regarding the need to include additional rehabilitation facilities to the list. Ms. Britt asked Ms. Snavelly whether the current list captured at least 95% of the institutions to which the trauma centers transfer patients. Ms. Snavelly stated the percentage was most likely higher than that. The Committee agreed to keep the current list of rehabilitation facilities and add to it as necessary. Ms. Doddy volunteered to obtain the necessary contact information and distribute an updated list to everyone involved. She reiterated that as of 10/1/12 the trauma centers will collect data regarding which patients are being transferred to an acute rehabilitation facility. The acute rehabilitation facilities will then follow-up with collecting data on patient outcomes such as length of stay, and disposition upon discharge.

Dr. Doddy reported that the American College of Surgeons (ACS) Committee on Trauma - 2011 Clark County Trauma System Consultation Report recommended they gather information on specific population groups, i.e. spinal cord injury, traumatic brain injury, and pediatrics. Ms. Snavelly stated that UMC and Sunrise participate in the Trauma Quality Improvement Program, which is part of the National Trauma Data Bank. Two core measures are selected each year to study. This year is it traumatic brain injury and time and date to first administration of deep venous thrombosis (DVT) prophylaxis. In the future, they will be able to isolate those populations of patients and do a more focused study on them for the sake of the system, per ACS' recommendation. Ms. Martin noted that the rehabilitation facilities also collect data based on diagnostic category such as patients with spinal cord or head injuries.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The Committee agreed to meet again on Thursday, January 10th at 9:00 am, with the location of the meeting to be determined at a later date.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Dr. Doddy called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 10:08 a.m.