

**MEETING MINUTES of the
STATE TRAUMA ADVISORY
BOARD**

Monday, April 15, 2024

CALL TO ORDER/ROLL CALL/DECLARATION OF A QUORUM

The meeting of the State Trauma Advisory Board was called to order by Dr. Emily Cantrell, Board Chairperson, at 10:30 AM, on 4/15/2024 at the NE State Office Building in Lincoln. The meeting was held in person. Copies of the agenda were emailed in advance to the Board members, emailed to interested parties, and posted on the Department of Health and Human Services website on 4/8/2024. Dr. Cantrell announced the location of an available copy of the Open Meetings Act within the room.

a. ROLL CALL

The following board members were present to answer roll call:

- | | |
|----------------------|-------------------------|
| • Dr. Zachary Bauman | • Dr. Eric Kuncir |
| • Dr. Emily Cantrell | • Jessica Lee |
| • Jill Coddington | • Katie Pierce |
| • Dr. Chad Duval | • Scott Reifschneider |
| • Ashley Farrens | • Shana Romero |
| • Mackenzie Gasper | • Lori Terryberry-Spohr |
| • Dr. Angela Hanna | • Mindy Walters |
| • Renae Jacobson | • Susan Wilson |
| • Sandra Kirchner | |

The following Board members were absent:

- Mike Bailey
- Tami Bokelman Dr.
- Marcia Harmon
- Rommie Hughes
- Kyle Kellum
- Dr. Alesha Scott
- Dr. William T. Sorrell
- Dr. David Voigt

The following staff members from the Department were also present during all or part of the meeting:

- | | |
|-------------------|-------------------|
| • Tonja Bohling | • Wendy Snodgrass |
| • Darla Hopwood | • Sharon Steele |
| • Carol Jorgensen | • Tim Wilson |
| • Diane Schoch | • Sherri Wren |

A quorum was present, and the meeting convened.

b. ADOPTION OF THE AGENDA

MOTION: Bauman made the motion, seconded by Pierce, to adopt the agenda for the 4/15/24 State Trauma Advisory Board meeting.

Voting Yes: Bauman, Cantrell, Coddington, Duval, Farrens, Gasper, Hanna, Jacobson, Kirchner, Kuncir, Lee, Pierce, Reifschneider, Romero, Terryberry-Spohr, Walters, and S. Wilson. Voting

These minutes have been approved by the
State Trauma Advisory Board on
8/16/2024.

No: None. Abstain: None. Absent: Bailey, Bokelman, Harmon, Hughes, Kellum, Scott, Sorrell, and Voigt. Motion carried.

APPROVAL OF THE MINUTES

MOTION: Hanna made the motion, seconded by Pierce, to approve the minutes of the 1/12/2024 meeting.

Voting Yes: Bauman, Cantrell, Coddington, Duval, Farrens, Gasper, Hanna, Jacobson, Kirchner, Kuncir, Lee, Pierce, Reifschneider, Romero, Terryberry-Spohr, Walters, and S. Wilson. Voting No: None. Abstain: None. Absent: Bailey, Bokelman, Harmon, Hughes, Kellum, Scott, Sorrell, and Voigt. Motion carried.

AGENDA ITEM: Recognition of New Board Members

Dr. Cantrell recognized new Trauma Board member, Ashley Farrens, from Nebraska Medicine in the role of Trauma Program Manager. She also recognized the reappointment of Dr. Bauman and recognized Lori Spohr and Dr. Rommie Hughes who are in the process of renewing their appointment.

Dr. Cantrell announced the following vacancies:

- a. EMS Provider (Urban)
- b. Region 2 Trauma Medical Director – open to any practicing physician from Region 2

AGENDA ITEM: Office of Emergency Health Systems Program Updates

Program reports are provided in the handouts, submitted for Board review prior to the meeting, and were posted in the portal.

- a. EMS Program: T. Wilson addressed a question on how the Telehealth in EMS Pilot Project relates to the Trauma program. Avel eCare is being used for this project. For hospitals using Avel (typically smaller, rural hospitals), if they start something in the field, regardless of what type of patient, the Avel crew that started with the patient will follow through to the hospital that has Avel. This will help with continuity of care at the critical access level. For the larger facilities, Avel will be able to call in patient reports on behalf of the crew. Avel has contact numbers for all the major facilities - basic, trauma, burns, etc. They will call in the report and coordinator between EMS and the receiving facility or get the ALS interception route or potentially coordinate helicopter transport if that is needed. This does not take the place of the medical direction, so any of the protocols or policies that the medical director has established for that service will continue as outlined. However, courses of treatment or medication verification/dosing can be recommended by the Avel crew. ALS is in the pilot program. The first quarterly report came out from Avel with a few technology issues. Outcomes for EMS are giving services an additional resource and tools, specifically targeting rural areas and volunteer-based services. Other outcomes are for severity of patients. With this resource we are looking to see better outcomes with patients due to earlier diagnosis and treatment.
- b. Education and Training Agency Compliance: No new updates beyond what was submitted in the report.
- c. Emergency Medical Services for Children (EMSC) Program: Debbie Kuhn retired. The department has received permission to rehire for this position. However, HR needs to look at the job classification before it can be posted. T. Wilson is fielding this program until a new EMSC Program manager can be hired.
- d. Critical Incident Stress Management (CISM) Program: No new updates beyond what was submitted in the report.
- e. Trauma Program: No new updates beyond what was submitted in the report.
 - a. Trauma Registry RFP
- f. Stroke/STEMI Program: No new updates beyond what was submitted in the report.

- g. EHS Data Systems: No new updates beyond what was submitted in the report.

10:39am

Dr. Voigt joined the meeting.

10:47am

Marcia Harmon joined the meeting.

AGENDA ITEM: Committee Updates

1. Region 1 Committee – Pierce gave update. The next Region 1 Committee Meeting will be on May 3, 2024 in Omaha. Omaha Area Trauma Conference will be June 14, 2024. A reminder was given for Level 2 and 4 attendees for a discount available on the cost of registration thanks to a DHHS grant. Interested attendees should contact Katie Pierce. Additional Education: The Iowa ENA is hosting a TCRN review on October 8-9, 2024, it is only \$60 for non-members, \$40 for members. A PTACC Course through Children’s Hospital will be held on August 23, 2024. Contact Jessica Lee for registration information. The New England Registry Conference will be held online for trauma registrars on May 15, 2024. It is only \$50. Program updates for the area: The new Nebraska Medicine PI Coordinator is Liz McIntosh, the new Nebraska Medicine Education Coordinator is Lora Hofstetter, and the new CUMC Bergan PI Coordinator is Karen Saxton.
2. Region 2 Committee – Gasper reported the Region 2 PI meeting will be on Thursday, April 25, 2024 and the Trauma Symposium on Friday, September 6, 2024.
3. Region 3 Committee – Jacobson reported the Trauma Conference will be on September 20, 2024. The Region 3 Committee Meeting will be an in-person meeting on May 15, 2024. There are three RTTD classes on the calendar with two more to come.
4. Region 4 Committee – S. Wilson reported Region Meeting was originally scheduled for May 3, 2024, however there is a conflict, and this date will be changing. Trauma Conference will be October 3, 2024.
5. Data/QA Committee – Jill Coddington reported the committee’s focus areas for the year. The Hybrid Dictionary - Coddington met with Steele and T. Wilson to work on this. Steele is taking the lead on the different groups. There will be group meetings on trauma, burn elements, rehab discussions. The timeline for this is to be completed in the next three to six months. Along with that they will be working on doing a data change log to keep track of all their changes. These changes can be referenced in reports. A survey was sent out (see attachment) to the board for the top reports to look at. These reports can then be tied to the mission of the trauma system, to make improvements in the trauma system, and to bring on other systems. She also announced the following educational opportunities:
 - a. ImageTrend Training in April
 - b. April 25, 2024 – Region 2 PI Committee meeting
 - c. Registry Trainings coming up.
 - i. April 19, 2024 – TQIP Collaborative Meeting
 - ii. May 3 and 5, 2024 – Trauma Registry Education with Jane McCormick.
 - d. The Bottom Line: Optimizing Finances on April 23-24, 2024

T. Wilson also added, regarding the Trauma Registry and the EMS Patient Care Reporting System, the RFP bid-close-period is closed and is under review. This process should be done in the next few weeks. An Internal program which is part of the epidemiology department will be helping other programs analyze data. The Department has some Highway Safety Grant funding set aside for looking at data completeness, data quality checks, etc. to look at the analytics of the data. T. Wilson is also working with the Highway Safety on a long-term project involving CyncHealth. There are three components of this project: 1) Having EMS data flow to CyncHealth and be absorbable by facilities and primary care physicians. This component has been accomplished. 2) Look at getting EMS data back into the Patient Care Report for EMS to look at repeat patients’ demographics and look at outcome data from patients taken to a hospital and connecting the EHR data to the PCR for the EMS side. 3) Look at doing the same with EHR importing information into the Trauma Registry. T. Wilson specified that outside records can be accessed.

6. Designation Committee – Jacobson reported this committee met at the end of March. The following goals were created: revise advanced level of PRQ in 2025, work on creating a PI Toolkit to include rural and adult nuances, update documents (i.e., minor revisions in the basic/general PRQ, updating/changing the Clarification document).
Wren added a share file has been created for designation reviewers. This file will house the materials for the designation reviews. The hospitals will be able to import their information into the share file as well. T. Wilson added a Committee Folder can be created in this share file for committee documents to be easily accessed by committee members and board members. Access is through a login name and password and there is not document size limit.
7. Financials to Support Improvement Committee – Pierce reported this group would like to put together a comprehensive information sheet on the financials, but do not have enough information to put this together. This committee will look at information from Renae’s survey to see if it would be helpful to include.
8. Quality Trauma Care Matrix Committee – Harmon reported this committee held a zoom meeting. The committee is in the process of determining what direction it should be taking to be of the most benefit. One focus they came up with was looking at time as it refers to the “trauma golden hour” and rather than looking at it as chronological time with a start point of hospital admittance, look at it as time on a clock from the time of injury. This means looking at time/distance issues with transport especially in rural areas for EMS where transport is not available, getting patients transferred due to lack of beds, providers not asking for trauma when calling, and possible payer issues with hospitals/rehabilitation facilities getting reimbursed. Spohr added the State of Nebraska will start paying for Long-Term Acute Care (LTAC) hospital level of care beginning July 1, 2024 for Medicaid patients. This should help some with the access issues and move patients through the continuum better. Discussion was held regarding implementing the new ACS field triage guidelines and protocol revisions. T. Wilson will check to see if these have been added and if not, he will make a note and put them in. T. Wilson will send the Board a link to the survey to read the protocols.
9. Trauma Information Highway Committee – Jacobson reported this committee met in April. They have reviewed and recommended improvements to the website where the shared files will be located. The PI Toolkit needs to get uploaded to the shared files. This committee will update the Trauma Coordinators list with emails in addition to the phone numbers.
10. Legislation Outreach Committee – Cantrell reported LB1108 was presented into the Transportation Committee in January. It made it out of Committee and was incorporated into several other bills. T. Wilson added the bill changed from adding an additional fifty cents to the funding being moved from another cash fund from Game and Parks. \$1.275 million was moved indefinitely from the Game and Parks fund to the Fifty Cents for Life cash fund which will go to EMS. This was voted on last Friday for final reading and is ready to go to the Governor for signature. It is set as an emergency clause. It goes into effect July 1, 2025 giving the OEHS Program around \$2.5 million rather than the \$1.2 million currently available. One issue is there is a push to ensure all allocated money is completely spent. To use all funding available, the Board is asked to look at things the Department has not been able to provide either statutorily or regulatorily due to a lack of funding. Discussion was held regarding full-time employees for the Office of Emergency Health Systems.
11. Statewide Education Committee – Dr. Hanna reported on holding a quarterly educational conference with educational case presentations. The Board expressed concerns with HIPPA requirements. The Committee vetted these issues through each of their respective hospital compliance and legal departments. This process yielded no compliance issues if all the normal HIPPA standards are held to. Everything will be deidentified accordingly. Kirchner added that a canned statement be given stating these presentations will be used for educational purposes only, not for any disciplinary purposes or morbidity and mortality review. There were no additional comments or issues from the Board with this. The Education Committee will proceed setting up the first education case presentation.

AGENDA ITEM: Trauma Program Updates

Sherri reported the Public Health Block Grant starts October 1, 2024. She will know if the program receives funding in June. Registry Training and Area Trauma Symposiums have been requested. Many registry trainings are going on this year. Two trainers out of New York have been contracted with to provide webinars and Trauma Registry trainings. She is in the process of reviewing the RFP for the Registry. Numerous Trauma Designations are slated for 2025 and 2026. Reviewer status is doing good. The reviewer pool is open. If anyone is interested in being a reviewer, contact Sherri Wren. The Department will be working on marketing opportunities as well as continuing to work on utilizing data. T. Wilson reported on the data from the OEHS Program Assessment. An assessment is being done of the Office of Emergency Health Systems program. It is specifically looking at partners' responses to an assessment of the program. The Board will be receiving a questionnaire on the program itself. This will be used for some strategic planning and resource allotment within the program. The emergence of Rural Emergency Departments (RED) is being anticipating. Friend, NE is the first hospital to go from being a Critical Access Hospital to being a Rural Emergency Department. Genoa is possibly another one. Discussion was held. The Board would like more information on what these REDs look like (resources, capabilities, etc.). Heidi will be invited to give a presentation on this topic at the next meeting. T. Wilson will see if there is an FAQ available on the State website.

AGENDA ITEM: Statewide Trauma System Medical Director/Trauma Symposium Update

Dr. Bauman gave an update on the State Trauma Symposium. It will be a 2-day event with various tracks (physician, APP, EMS, etc.) for a portion of it. A tentative date is set for the end of September 2025. Next step is to book a venue. If anyone is interested in helping plan this, there will be an hour-long Zoom planning meeting on April 29, 2024 at 10:00 a.m.

AGENDA ITEM: Rehab Designations

Spohr talked about Rehab Designations. In 2017 there was a discussion on extending the data registry to include 3 rehab variables (discharge destination, Glasgow Outcome Scale - Extended, and Rancho Scale). This was never implemented and made part of the Trauma Data Registry outcomes. Spohr asked the Board to move this forward for implementation. There are currently thirteen facilities statewide that are eligible to apply to be designated rehabilitation centers as part of the Trauma System as rehab providers and feed into that data set. Next steps would be to pull together stakeholders from those groups that are interested in discussing and being a part of this initiative, get their input on if these are still the correct tools, and invite them to apply to be designated as rehab centers and be part of the Trauma Registry. Discussion was held. One concern is although the Glasgow Outcome Scale-Extended is a widely known and researched tool, it is designed to be collected at 6 months post-discharge. There are other model systems available that collect massive amounts of data that would provide a more comprehensive set of outcomes. This issue would need to be addressed by these stakeholders. Spohr is willing to set up and hold stakeholder meetings and move this forward.

AGENDA ITEM: Trauma Draft Regulations

Wren gave an update on the Draft Regulations. Due to Regional Trauma plans being taken out of the Statute, these have been updated within the Draft Regulations. Discussions were had this past year regarding the highest level of trauma activation. Those are highlighted in the Draft Regulations in the agenda packet (see attached). Language regarding the General Level Facility with specification of whether the general trauma surgeon needed to respond within 30 minutes to the highest level of trauma activation has been integrated into the Draft Regulations packet. Cleanup of some language regarding data elements was also made to this document. The Draft was presented to the Board for their approval. The next step after approval is to move the draft through the process. Discussion was held. T. Wilson will research the term "accuracy" within this document. Formatting issues were brought up regarding the Secretary of State's Office and a software change for their website. Theresa Hampton with DHHS Legal suggested contacting Jamie Hegr, DHHS Attorney, to look at this for any formatting issues. T. Wilson will

send Jamie an email on this issue and cc Theresa. Revisions due to statutory changes were reviewed by T. Wilson as well as the process timeline. Wren asked the Board for their approval of the Draft Regulations and permission to move forward with the Draft Regulations process.

MOTION: Voigt made the motion, seconded by S. Wilson, to approve and move forward the draft regulations with the changes made to the date referenced in the Data Dictionary #010.06 Data Elements from 2022 to 2024. Discussion was held. Point of change found on page 20 #010.06 Data Elements. "... which complies with the 2022 National Trauma Data Standard Data Dictionary and the 2024 supplemental..." 2022 should be changed to 2024.

Voting Yes: Bauman, Cantrell, Coddington, Farrens, Gasper, Hanna, Harmon, Jacobson, Kirchner, Kuncir, Lee, Pierce, Reifschneider, Romero, Terryberry-Spohr, Voigt, Walters, and S. Wilson. Voting No: None. Abstain: None. Absent: Bailey, Bokelman, Duval, Hughes, Kellum, Scott, and Sorrell. Motion carried.

12:05pm

Dr. David Duval left the meeting.

AGENDA ITEM: DHHS Block Grant Funding

Wren spoke on this earlier in the meeting.

AGENDA ITEM: Next Meeting Date

Dr. Cantrell reminded everyone that the next meeting is via Zoom on Friday, August 16, 2024.

She also reminded everyone that the November meeting is in Kearney on Monday, November 18, 2024 and it is an in-person meeting.

AGENDA ITEM: Public Comments

Mikayla Findlay, a Budget Analyst with Nebraska Legislative Fiscal Office made comment regarding the RED model and guided people to the Hospital Association's website. She also asked for elaboration regarding LB1108. T. Wilson spoke to this. T. Wilson also answered questions regarding Avel Care brought up by Findlay. It is paid for by a grant through CDC Health Disparities. The initial one-year rollout cost for 26 services is about \$1.35 million. The first-year cost also pays for equipment, which the second and third years will not incur, making the second-year costs a little over 900,000. An estimated statewide cost of sustainability is \$14 million. Questions regarding CyncHealth funding were also answered. Currently trauma response priorities are not being funded through the HIE budget. It is funded with money from the Highway Safety Grant through the Department of Transportation.

12:17pm

Shana Romero left the meeting.

CONCLUSION AND ADJOURNMENT

There being no further business, the meeting adjourned at 12:22pm by Dr. Cantrell.

Respectfully submitted,

Tonja Bohling
OEHS Administrative Technician