

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

Friday, January 10, 2025

**CALL TO ORDER/ROLL CALL/DECLARATION OF A QUORUM**

**CALL TO ORDER**

The meeting of the State Trauma Advisory Board was called to order by Dr. Eric Kuncir, Board Chairperson, at 10:30 a.m., on 1/10/2025. Dr. Kuncir announced this as a public meeting in compliance with the Open Meetings Act, the Open Meetings Law is posted. The meeting was held via Zoom. 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 prior to the meeting.

**ROLL CALL**

The following board members were present to answer roll call:

- Dr. Zachary Bauman
- Tami Bokelman
- Dr. Emily Cantrell
- Jill Coddington
- Michael Downey
- Dr. Chad Duval
- Dr. Charity Evans
- Ashley Farrens
- Mackenzie Gasper
- Dr. Rommie Hughes
- Victoria Hurlbut
- Renae Jacobson
- Eric Jensen
- Kyle Kellum
- Sandra Kirchner
- Dr. Eric Kuncir
- Jessica Lee
- Dr. Alejandro Luis
- Katie Pierce
- Scott Reifschneider
- Dr. Alesha Scott
- Lori Terryberry-Spohr
- Mindy Walters
- Susan Wilson

The following Board members were absent:

- Jozef Kuehn
- Dr. Richard Malyszek
- Dr. William T. Sorrell
- Dr. Abdalla Zarroug

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

- Regan Blackwell
- Tonja Bohling
- Mason Holmes
- Darla Hopwood
- Carol Jorgensen
- Bruce Meier
- Becka Neumiller
- Diane Schoch
- Sharon Steele
- Tim Wilson
- Sherri Wren

**DECLARATION OF QUORUM**

A quorum was present, and the meeting convened.

These minutes have been approved by the  
State Trauma Advisory Board on  
4/11/2025.

**ADOPTION OF THE AGENDA**

**MOTION:** Gasper made the motion, seconded by Pierce, to adopt the agenda for the January 10, 2025, State Trauma Advisory Board meeting.

Voting Yes: Bauman, Bokelman, Cantrell, Coddington, Downey, Duval, Evans, Farrens, Gasper, Hughes, Hurlbut, Jacobson, Jensen, Kirchner, Kuncir, Lee, Luis, Pierce, Reifschneider, Scott, Terryberry-Spohr, Walters, and S. Wilson. Voting No: None. Abstain: None. Absent: Kellum, Kuehn, Malyszczek, Sorrell, and Zarroug. Motion carried.

10:38 a.m. *Kyle Kellum left the meeting.*

**APPROVAL OF THE MINUTES**

**MOTION:** Pierce made the motion, seconded by Reifschneider, to approve the minutes of the 11/18/2024 meeting.

Voting Yes: Bauman, Bokelman, Cantrell, Coddington, Downey, Duval, Evans, Farrens, Gasper, Hughes, Jacobson, Kellum, Kirchner, Kuncir, Lee, Luis, Pierce, Reifschneider, Scott, Sorrell, Terryberry-Spohr, Walters, and S. Wilson. Voting No: None. Abstain: Hurlbut and Jensen. Absent: Kuehn, Malyszczek, and Zarroug. Motion carried.

10:39 a.m. *Dr. Sorrell joined the meeting.*

**AGENDA ITEM: Introduction of New Board Members**

Dr. Kuncir introduced the new board members Dr. Luis, Michael Downey, Victoria Hurlbut, and Eric Jensen. Dr. Kuncir also announced the Trauma Board reappointments and vacancies (See attached).

**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 on the website.

- a. EMS Program: No additional updates.
- b. Education and Training Agency Compliance: No additional updates.
- c. Emergency Medical Services for Children (EMSC) Program: No additional updates other than Blackwell is working on planning educational opportunities.
- d. Critical Incident Stress Management (CISM) Program: No additional updates.
- e. Trauma Program: No additional updates.
- f. Stroke/STEMI Program: There is an opening for a Rural Hospital Physician representative on the State Stroke Task Force. Anyone interested can find the application on the [OEHS Stroke System of Care page](#) at DHHS.Nebraska.gov. The EMS Committee also looking for an EMS Representative.
- g. OEHS Data Systems: No additional updates.

**AGENDA ITEM: Committee Updates**

- a. Region 1 Committee – Pierce reported. Region 1 has two designations in 2025 – Westpoint and CUMC Bergan. Quarterly Region 1 meeting will be virtual only on February 7, 2025. The next Committee meeting will be a virtual meeting on January 27, 2025. Nebraska Medicine was approved by ACS for Adult Level 1 and for Pediatric Level 2 verification.
- b. Region 2 Committee – Gasper reported. Dr. Luis is the new TMD for Region 2 and they are in the process of getting him set up. They are also getting ready for reverification in April.
- c. Region 3 Committee – Jacobson reported. Region 3 will have five designations in 2025. They will have three RTTDC classes scheduled this year. Their last PI Meeting was held December 11, 2024, and the next one will be scheduled in May.

- d. Region 4 Committee – S. Wilson reported that Region 4 will have four designations in 2025. The next Region 4 meeting will be in March. An ATLS class and an RTTDC class will be held sometime in April in Alliance, NE; and they will have the usual certification classes, TNCC, and ENPC classes going this year.

Gasper requested committee updates to include the following in their reports: progress, major barriers, and a recommendation whether the committee continue, absolve, or merge with another committee.

- e. Data/QA Committee – Coddington reported this committee is focused on three goals: 1) networking and education for Trauma Registrars, Injury Prevention, PI Coordinators, etc.; 2) Hybrid Data Dictionary; 3) Data Drilldown. There will be a Lunch & Learn from 12:00pm to 1:00pm on January 17, 2025 - AIS15 Coding Changes. There are 37 attendees currently registered. Megan Wilcox will be presenting. The Hybrid Data Dictionary is on hold due to the barrier of waiting on the upgrade on NEMSIS. They may need to meet with Tim, Sharon, and Mason and redirect. The next Committee meeting is scheduled for 10:00am Monday, January 13, 2025. This group's biggest barrier is lack of access to usable data. Discussion was held regarding data focus and an epidemiologist to help with data collection. T. Wilson referred Board members to the [DHHS Data Request Form](#). The process was discussed. Image Trend was updating their reports that are needed for the PRQ and patient selection so those are already in the system. Discussion was held regarding data requests being reported to the Data/QA Committee for approval. This Committee will look over the data request process, make a road map/proposal, and submit this at the next Board meeting. Discussion was also held regarding having an ACS Consultation and what data they would need. Dr. Evans will find what data will be needed for an ACS Consultation and let Wren know. In lieu of having an epidemiologist working on data, Dr. Evans proposed having an academic partnership. This would require department approval. T. Wilson will discuss this with Dr. Evans to see what options are available and get guidance from DHHS Legal. The topic of data was tabled until the next meeting.
- f. Designation Committee – Jacobson gave an update. This group meets quarterly. The last meeting was December 2, 2024. Next meeting is February 26, 2025. The PI Qualifying Tool was created to maintain consistency in judging PI. A Subcommittee meeting on this Tool is on January 16, 2025. Discussion was held regarding a lack of TMD orientation in the review process. Discussion was held about having TMD orientation as a class, possibly at the Statewide Trauma Symposium, or making it part a designation review visit. Another project is the PI Toolkit. This subcommittee is meeting again the end of January. A PI Toolkit has been created and is in the State Share Drive. An Advanced PRQ revision is in process. This group's barriers have been time and scheduling meetings. Wren mentioned the Designation Committee work up a proposal for the TMD orientation and present it to the Board. The list of reviewer qualifications was discussed. Bauman added he is working on an outline and will bring it to the next Designation Committee meeting. Dr. Bauman asked what has been done to ensure that all the critical access hospitals are appropriately entering data? This is being addressed during the Lunch & Learns. Lunch & Learns happen monthly and are informative and a valuable resource. There will be a breakout session for data entry during the Statewide Trauma Symposium. Farrens has been working on adding TMDs to the contacts list of designated hospitals and will share this list with Jacobson once it is completed.
- g. Financials to Support Improvement Committee – Pierce gave an update. There has been no progress for this committee with the primary barrier being a lack of access to data. This committee may need to be combined with another committee due to having no data to move forward. It was suggested this committee combine with another committee. Lee gave a brief history of this group and how it overlaps with other committees. Wren reminded the Board that membership on these committees is on a volunteer basis and not every Board member is on a committee, although committee participation is highly encouraged.
- h. Trauma Information Highway Committee – Jacobson reported. Their last meeting was in April of 2024. This committee submitted recommendations for updates to the Trauma website to T. Wilson. Other projects this committee had were the data survey, and PRQ. These projects have

been given over to other committees. The PMC contact list has not been worked on nor given to anyone else. She suggested to dissolve this committee.

- i. Quality Trauma Care Matrix Committee – Spohr gave an update on this committee saying there has been no progress. It has a more global task to determine the barriers and address/give recommendations on how to improve throughput in the Trauma System of Care so that people do not get stuck at a level of care that is not appropriate at any given time. Lack of data is the barrier as data is needed to see where people are getting held up. Marcia Harmon is no longer on this committee as she is no longer on the Board. She was a major organizer on this committee. Spohr suggested this committee merge with another committee and work to identify a more specific task to accomplish or put this committee on hold. It was suggested to merge this Committee with the Data/QA Committee or for this to become a subcommittee of the Data/QA Committee.
- j. Legislation Outreach Committee – Dr. Bauman reported. This committee has not met but has been working on a Legislative outreach perspective. Dr. Evans will talk more about this during her COT update. During a visit earlier this month at AIT in Kansas City, members of this Committee made several legislative connections and Farrens, though not an official member of this committee, met with Wren to make connections as well. These connections will help to share the importance of the Trauma System on a Legislative level. He recommended to continue this committee. Farrens would like to join this committee.
- k. Statewide Education Committee – Kirchner reported. This committee's barrier is lack of engagement. Original members were only Kirchner and Dr. Hanna. Current members are Farrens, Kuehn, and Kirchner. This committee's big focus right now is the educational opportunities during Statewide Trauma Symposium. This committee has overlap with other committees doing education. Farrens suggested this committee meet and discuss goals and objectives and where education filters out to other areas.

Dr. Kuncir asked that Regional reports going forward should include any information on disaster drills for their region. He also requested for Committees to identify designated leaders and provide their email and contact information at the next Board meeting. Lastly, he suggested having meetings with other statewide boards to collaborate with, especially the EMS Board. Former Board member Mike Bailey filled this capacity as a Trauma/EMS Liaison between the Boards. The EMS Board is currently looking for a replacement for Bailey in this capacity. There is a list of boards on the State website. Kuncir and Farrens will look over a listing of boards on the State website and identify key stakeholders to collaborate with.

11:45 a.m.                      *Dr. Sorrell left the meeting.*  
 11:58 a.m.                      *Dr. Sorrell returned to the meeting.*  
 12:18 a.m.                      *Dr. Hughes left the meeting.*

**MOTION:** Kellum made the motion, seconded by Jacobson, to put on hold the Trauma Care Matrix Committee and the Trauma Information Highway Committee; and to combine the Financials to Support Improvement Committee with the Legislative Outreach Committee.

Voting Yes: Bauman, Bokelman, Cantrell, Coddington, Downey, Duval, Evans, Farrens, Gasper, Hurlbut, Jacobson, Jensen, Kellum, Kirchner, Kuncir, Lee, Luis, Pierce, Reifschneider, Scott, Sorrell, Terryberry-Spohr, and S. Wilson. Voting No: Walters. Abstain: None. Absent: Hughes, Kuehn, Malyszek, and Zarroug. Motion carried.

#### **AGENDA ITEM: COT Update**

Dr. Evans reported. The COT met in September 2024 with much discussion surrounding the potential of a worldwide conflict and the need for American hospital and trauma centers to take on upwards of 1,000 patients per day for one hundred days with the thought that that need would overflow our military hospitals as well as our VA centers. The Department Of Defense as well as other governmental agencies have been meeting with our CMO, trauma centers, and other individuals in the civilian workforce to address the questions, "What is the state of our Emergency Management System?" "How are trauma centers communicating with each other in addition to communicating with rehab facilities, skilled nursing

facilities, etc.?" The interest in Nebraska is that UNMC is one of the five pilots in the National Disaster Management System (NDMS). This is due to UNMC Nebraska Medicine having a well-established Disaster Management Group due to being one of three biocontainment centers. Two more pilots will be added in the coming months. These pilots will do the initial work to say what do regions need to do to prepare for a potential disaster of this magnitude. The pilots will adjust the requirements of the catastrophic event, establish the healthcare partnership of their employees before the event, and to gain the ability to rapidly grow if an event were to occur. One of the requirements of these pilots is to address an RMOC (Regional Medical Operation Center). Nebraska, Iowa, Kansas, and Missouri are members of Region 7. For anyone interested, Dr. Evans can send out a toolkit that shows the regions, how RMOCs are created, and what their intent is to do. The RMOC will require that every trauma center in the 4-state region is able to share information specific to bed capacity, specialties, expertise, the ability to take on additional patients, and to communicate effectively and grow rapidly if a disaster like 1,000 patients a day for one hundred days were to happen. UNMC Nebraska Medicine is leading the creation of an RMOC for Region 7. Step one in creating this RMOC is to get all information of every trauma center in Nebraska (their trauma level through the ACS or the State, name of their TMD, name of their TNC, and names of those who work in disaster). Farrens is putting this list together for Nebraska and Missouri has not completed this list, yet. Kansas and Iowa are complete. Dr. Evans and Dr. Bauman will serve as the COT representatives from Nebraska. The request for the Trauma Board is, in order for Nebraska to lead this initiative as well as be a good partner to the other states in our region, we need to have our own information (data), and our own metrics clearly laid out so when it comes time to look at a comparison across states or communicate across states that we already have that foundation laid here in Nebraska. UNMC has recently laid down a command center and is looking at its own internal hospital bed capacity, expertise, availability, and referrals in and out. This command center can be expanded to take on this work and is why some of the grant work that currently exists for disaster management at NE Medicine may be able to assist with this process. If Nebraska can be prepared to take on a large number of patients, then we can assist the other states within our region to be prepared and our region can assist neighboring states be prepared.

COT has education opportunities if there is a need to expand our RTTDC or Stop The Bleed. There is legislative work to get Stop The Bleed kits into public buildings to sit next to AEDs. They have met with ACS and Nebraska Medical Society regarding this Legislative work and are looking for advocacy moving forward. The COT is also looking at state support for being a member of the RMOC. Dr. Kuncir expressed his support for this and offered to represent Creighton as another Level 1 Center.

#### **AGENDA ITEM: Trauma Program Update**

Wren gave the update on the PHHS Block Grant. The contract is written with Nebraska Medicine. Reimbursements for education and specialty classes are continuing to be issued with the current grant. Wren will start on writing the new grant soon. Send ideas to Wren for ways to use grant money from the upcoming grant so she can work those into the Grant starting in October 2025. Due to this being a Symposium year there will not be a TNC Day this year, but there will be one in 2026. Send Wren ideas to make 2026 TNC Day better and any offers to help with TNC Day in 2026. The Department has a database called Clear Impact and it will go live soon. This program will be used to educate the public on what the Trauma Program is doing. The current focus areas are transfer times under 2 hours, Education (number of hospitals being educated, and the number of education offerings being given to the public) send Wren thoughts and ideas on what to share with the public to show the State Trauma System is making a difference. There is continued interest in trauma center designations. New centers interested in designation are Plainview, Fremont, Tecumseh, Cozad, and Fairbury. This is a busy designation year. Wren is developing ShareFile folders to share information with Board members. More to come on this. Dr. Evans asked questions regarding ACS consultation visit cost of \$85,000. Wilson replied this has been included in the funding request in the amount of \$85,000. Dr. Evans and T. Wilson will get together on this find best cost to value. Fifty Cents For Life uses are for EMS recruitment & retention, database systems for EMS and Trauma, EMS education, ACS consultation visit, additional OEHS staff positions, EMS, Trauma, and CISM Programs operational increases in funding.

**AGENDA ITEM: Statewide Trauma System Medical Director Update**

Dr. Bauman gave an update.

- a. Site Visits – TMD education needs to be included in the site visits. Bauman will present an outline on this at the next Designation Committee. The goal is to bring this back to the Board at the next meeting.
- b. Follow-up with our state arm/hand reimplantation plan – Dr. Bauman shared a document including a list of Reimplantation Centers. It shows the criteria (number of hours) they are looking for in terms of reimplantation and at the end it provides a list of our regional hand reimplantation centers and whether they can do adults, pediatric, both so they can get the patients transferred in a timely fashion. He would like to distribute this as a resource to all the hospitals across Nebraska. He will send this to Tonja to send out to the Board members for review.
- c. Discussion on the proposed TBI survey/project – The survey is completed. This is waiting on Farrens to complete the statewide TMD list before sending it out to the Trauma Nurse Coordinator and Trauma Program Manager for each site.
- d. Updates on the State Trauma Symposium – This planning group has been meeting monthly. There is a good, set format for the Symposium. It will be 1-1/2 days Thursday and Friday, July 24 & 25, 2025. A few speakers are lined up and most speakers should be finalized in the next couple of weeks. The need now is to advertise the Symposium. The Trauma Advisory Board meeting will be the day before on Wednesday, July 23, 2025, with a reception afterward. Planning is ongoing for the reception the night before and vendors are not finalized, yet. There will be a block of rooms held at the Scarlett Hotel in Lincoln. The site for the reception is Embassy Suites in downtown Lincoln. A save-the-date will go out soon. Spread the word!

**AGENDA ITEM: TQIP Collaborative**

Pierce presented the TQIP Collaborative Data report. The Benchmark Report includes all Level 1 and 2 and is adults only. The data goes from February 2023 to March 2024. She went over where data is compared to other states and TQIP Collaborative. She also touched on the plan on what to do with this data. The risk to patients, especially elderly, is greater in Nebraska of dying from the trauma. In other words, patients have greater odds of dying from trauma-related incidents in comparison to other states. New outliers this reporting period are blunt multisystem, elderly, elderly blunt multisystem, and pulmonary embolism. So, these are areas the TQIP Collaborative will be focusing on moving forward.

There were no patterns seen in this report. They will focus now on individual hospital data and if the individual hospital was a high outlier, work with the hospital on a plan to correct this. The group's next meeting will be held on March 11, 2025. At this meeting, they will look at these hospital action plans and see if there were some innovative ideas that teams produced that could be shared across the state. Discussion was held regarding TQIP Collaborative access to the data drilldown tools. This collaborative does not have access to a drilldown tool. It is based off individual tools. Also, there is no pediatric collaborative offered yet. The Collaborative can learn how other states address problems by reaching out to people on other state collaboratives and attend their meetings to get ideas. Additionally, they can tell board members where other states have done something similar the Board can assist with their contacts.

**AGENDA ITEM: Rehabilitation Designation**

Spohr and Bokelman have worked with Wren to reach out to rehabilitation centers regarding designating them as Basic, Intermediate, and Advanced Trauma Rehabilitation Centers and qualification for that designation. Things have changed since that statute was put in place and there are some questions regarding data collection i.e., whether it is the correct data and whether a request needs to be submitted for revisions to the Data Dictionary specifically for rehabilitation centers. There is some benefit to having rehabilitation in the trauma continuum and having some data in the trauma data set. That would allow us to look at outcomes further down the road. This group will be meeting sometime in February or later during the spring. Anyone interested is welcome to get involved.

**AGENDA ITEM: Trauma Draft Regulations**

T. Wilson presented. Trauma regulations have been sent over to Department Legal for review. Wren and T. Wilson are also reviewing any changes and will send them to the Legislation Outreach Committee for review when they are comfortable with the changes. Then they will be brought to the Board for approval.

**AGENDA ITEM: Next Meeting Date**

The next meeting is an in-person meeting at the NSOB in Lincoln on Friday, April 11, 2025.

**AGENDA ITEM: Public Comments**

None.

**CONCLUSION AND ADJOURNMENT**

There being no further business, the meeting adjourned at 1:05 p.m. by Dr. Kuncir.

Respectfully submitted,

Tonja Bohling  
OEHS Administrative Technician