

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

July 25, 2022

**CALL TO ORDER**

The meeting of the State Trauma Advisory Board was called to order by Dr. Emily Cantrell, Board Chairperson, at 10:40 a.m. on Monday, July 25, 2022. 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 on July 21, 2022.

**ROLL CALL**

The following board members were present to answer roll call:

- |                      |                   |
|----------------------|-------------------|
| • Mike Bailey        | • Jessica Lee     |
| • Dr. Zachary Bauman | • Katie Pierce    |
| • Dr. Emily Cantrell | • Chad Reutlinger |
| • Jill Coddington    | • Karen Saxton    |
| • Dr. Chad Duval     | • Dr. Tom Sorrell |
| • Pete Festersen     | • Benjamin Tysor  |
| • Dr. Angela Hanna   | • Dr. David Voigt |
| • Marcia Harmon      | • Mindy Walters   |
| • Renae Jacobson     | • Susan Wilson    |
| • Sandra Kirchner    | • Jackie Wright   |
| • Dr. Eric Kuncir    |                   |

The following Board members were absent: Tami Bokelman, Dr. Rommie Hughes, Shana Romero, Lori Terryberry-Spohr, and Laken Vrbas.

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

- |                   |                 |
|-------------------|-----------------|
| • Tonja Bohling   | • Sharon Steele |
| • Teresa Hampton  | • Edith Titamoh |
| • Carol Jorgensen | • Tim Wilson    |
| • Andrew Ngochoch | • Sherri Wren   |
| • Diane Schoch    |                 |

A quorum was present, and the meeting convened.

**ADOPTION OF THE AGENDA**

**MOTION:** Dr. Cantrell made the motion, seconded by Renae Jacobson to adopt the agenda for the July 25, 2022 State Trauma Advisory Board meeting.

Voting Yes: Bailey, Bauman, Cantrell, Coddington, Duval, Festersen, Hanna, Harmon, Jacobson, Kirchner, Kuncir, Lee, Pierce, Reutlinger, Saxton, Sorrell, Tysor, Voigt, Walters, Wilson, and Wright.

Voting No: None. Abstain: None. Absent: Bokelman, Fermelia, Hughes, Romero, Terryberry-Spohr, and Vrbas. Motion carried.

*(Fermelia joined the meeting at 10:50 am)*

These minutes have been approved by the  
State Trauma Advisory Board on  
October 14, 2022.

**APPROVAL OF THE MINUTES**

**MOTION:** Kirchner made the motion, seconded by Hanna, to approve the minutes of the April 22, 2022 meeting.

Voting Yes: Bailey, Bauman, Cantrell, Coddington, Duval, Fermelia, Festersen, Hanna, Harmon, Jacobson, Kirchner, Kuncir, Lee, Pierce, Reutlinger, Saxton, Sorrell, Tysor, Voigt, Walters, Wilson, and Wright. Voting No: None. Abstain: None. Absent: Bokelman, Hughes, Romero, Terryberry-Spohr, and Vrbas. Motion carried.

**AGENDA ITEM: Regional Updates**

Region 3 submitted written reports prior to the meeting; these can be found in the handouts. Regions 1, 2, and 4 did not submit reports. There were no additional updates.

**AGENDA ITEM: Office of Emergency Health Systems Program Updates**

All OEHS Program updates were submitted prior to the meeting and provided in the meeting handouts. Tim Wilson added regarding the data systems we are looking at an RFP process for our Trauma Systems Registry as well as and EMS PCR. This will be discussed in more detail later in the meeting.

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

Dr. Bauman reminded everyone of the new standards came out from the American College of Surgeons back in March 2022. Along with this there is a big push to update your trauma protocols and procedures especially for the older adult populations (over 65).

Stop The Bleed courses are getting scheduled again now that COVID is declining, and shootings incidents have increased recently in the United States. If you were teaching Stop The Bleed courses before COVID, Dr. Bauman encouraged to get back and teach these classes again. If you were not teaching before and want to start, reach out to Dr. Bauman, or Dr. Cantrell.

Dr. Bauman touched briefly on a study done on the Impact of Rural Trauma Team Development Course (RTTDC). He highly encouraged the teaching of RTTDC, especially for rural hospitals.

**AGENDA ITEM: Data/QA Committee Update**

Jill Coddington gave an update on the Data/QA Committee. The Committee last met in May. They are working on opportunities for training that will use grants. They are continuing to work on the list serve from the last meeting. The new Data Dictionary regulations went into effect on May 17, 2022, so the committee is working on training for the trauma registry. Mindy Walters, Renae Jacobson, and Jill Coddington are working on a change log that shows what changes were made to the registry; this is slated to release on August 16, a week prior to the education for registrars. There will be education on August 23 for the new trauma registry covering the changes that have been made. Work continues with the Trauma Registry Course.

The QA/Data Committee did not meet on June 30. They will be meeting again prior to the data dictionary meeting. There are some formatting issues that need to be addressed on the change log. There are a couple of things that were put in the data dictionary that need updated within Image Trend, one of those being the lack of timely transfer.

**AGENDA ITEM: Committee on Trauma Update**

Dr. Kuncir gave a Committee on Trauma update. They are in the process of transitioning over to the review book. He added there is a need for a liaison to affect geriatric care. The college intends to

continue remote visits. The Regional Trauma meeting will be in October alongside the symposium, including UNMC, Creighton, and Children's Hospital. The AIT Conference is in December. If you want to attend this meeting, contact Dr. Kuncir.

#### **AGENDA ITEM: TQIP Collaborative Update**

Sherri Wren gave an update on the TQIP Collaborative. The Public Health Block grant awarded \$30,000, part of which is the TQIP license that focuses on motor vehicle crash fatalities and data reporting level one and two trauma centers. This will be the focus for this workgroup. Sherri Wren was not at the last meeting and could not report what was discussed, but this group is planning a future meeting.

#### **AGENDA ITEM: Designation Committee**

Karen Saxton, committee chair, gave an update on the Designation Committee. The committee had a preplanning meeting and will conduct their first meeting on August 10, which is the same date as the next TQIP Collaborative meeting.

#### **AGENDA ITEM: Highway Safety Grant and National Updates**

Sherri Wren gave an update on the Highway Safety grant and National Updates. Recently the US Department of Transportation has developed a national roadway safety strategy for post-crash care. They have identified the following five top strategies: Safer Roads, Safer People, Safer Speeds, Post-Crash Care, and Safe Vehicles. This came out in January 2022. The end goal is for zero roadway fatalities, to reduce speeding, reduce rural motor vehicle crashes, safer behaviors, and safer roads. These goals tie in with the trauma systems goal of reduced motor vehicle crash fatalities. The program has been encouraged to collaborate with our highway safety state colleagues to see how we can partner and establish goals and share funding to help our mutual goal. The plan is to meet with these collaborative teammates to get started working together.

Tim Wilson said he currently attends Highway Safety meetings. The Highway Safety Grant is receiving an additional 50% of funding in two different sections, which we will be able to access. One of those focuses on the data side by helping to pay for data systems, what are we doing with that data, tying it into all the topics Sherri Wren addressed, any need for data connections, etc. Tim Wilson will keep the board informed of what goes on with this grant.

#### **AGENDA ITEM: DHHS Block Grant Funding COVID Grant Funding**

Sherri Wren shared that in June the trauma program was awarded \$30,000 Public Health Grant funding focusing on motor vehicle crash specifically decreasing motor vehicle crash fatalities. The grant was written for the following specific categories: event training coordination, trauma nurse leadership, trauma registry, prevention in the rural communities, and designations for basic level trauma centers.

Sherri Wren will be working with the Data/QA Committee and trauma nurse coordinator leadership group to determine how to rollout those funds from October 1, 2022, to September 30, 2023. The TQIP license is included in this.

The grant needs to be used to be eligible for continued grant funding in the future.

COVID grant funding was awarded \$30,000 over a two-year period. The second year ends at the end of May 2023. The program has been collaborating with the policy center. Many board members have been

involved in the listening sessions and the questionnaire on how the program can improve the trauma system infrastructure regarding mass casualties and things like the COVID pandemic. The program's goal is to learn how we can improve response times, specifically transport times. The program will take what it learns and roll it into a strategic plan for the trauma systems over the next five to ten years. The program is looking at scheduling a strategic planning session in 2023.

It is unknown at this time if the program will continue to get COVID CDC grant funding in the future. Tim Wilson commented that it is a one-time grant funding but there may be potential to expand using another project's funding if they are not spending their funding.

The collaboration of EMS and hospitals and how to improve these relationships has been a topic of interest that has come up in the surveys.

#### **AGENDA ITEM: Trauma Regulations/Statutes**

Tim Wilson gave an update on the Trauma regulations and statutes. Trauma regulations were passed. Tim Wilson congratulated Sherri Wren, the board and everyone for all their hard work on these over the past six years. There will be some potential tweaks to these in the future.

Statutory changes are being looked at to bring the trauma system back in line with modern day updates and changes with statutory requirements regarding the Boards. Tim Wilson recapped the two routes discussed at previous meetings that could be taken into consideration to make the statutory changes at this time.

One is to submit the statutory changes to Department of Health and Human Services and have them included with a larger bill that DHHS supports. The other option is to reintroduce the changes through a representative again next session. Tim Wilson added that with the upcoming change in administration in the governor's office, DHHS is hesitant to put forth anything other than the bare minimum for statutory changes. Tim Wilson recommended option two that involves reintroducing changes through a representative next session.

Pete Festersen added that in speaking last year with Senator Arch, he would be willing to bring these changes forward again in a new session. However, with the changing of administration comes leadership elections in the legislature, and Pete Festersen was not sure if Senator Arch would still be in the position of Chair of HHS. Pete Festersen advised that we could check to see if Senator Arch would still be willing to try and submit the statutory changes next session if the board agrees with this.

Tim Wilson added that he does not foresee any roadblocks running the changes up the chain of command at DHHS as they are in support of the statutory changes proposed. Tim Wilson also suggested if the board wants to make any statutory changes, to have a vote to have someone contact a senator so the board is giving approval for the board member to contact the senator on behalf of the board and start having these conversations.

Dr. Bauman proposed getting a group together and doing a gap analysis to determine where we might need additional support from a legislative perspective. Discussion ensued. Tim Wilson advised that timing-wise it would be beneficial to start making contact to see interest at this point for introduction as well as a gap analysis. Teresa Hampton added that early contact with any draft would be greatly appreciated.

Tim Wilson also advised to send out the draft for board review before moving forward on discussion with a senator due to high turnover of board members and many new members that may not know what changes are being proposed. Tim Wilson suggested that there be an official board vote to authorize Pete Festersen to start a conversation with Senator Arch to see if Senator Arch is still interested in presenting these changes. In the meantime, the program will send out the statutes for review and then schedule a quick virtual board meeting to approve moving forward.

**MOTION:** Saxton made the motion, seconded by Kirchner, to elect Pete Festersen as the representative of the Trauma Advisory Board to reach out to a senator of his choosing (Senator Arch if he's available) to represent the board and start initial conversations regarding statute changes.

Voting Yes: Bailey, Bauman, Cantrell, Coddington, Duval, Fermelia, Festersen, Hanna, Harmon, Jacobson, Kirchner, Kuncir, Lee, Pierce, Reutlinger, Saxton, Sorrell, Tysor, Voigt, Walters, Wilson, and Wright. Voting No: None. Abstain: None. Absent: Bokelman, Hughes, Romero, Terryberry-Spohr, and Vrbas. Motion carried.

#### **AGENDA ITEM: Trauma Program Budget Update Education Dollars**

Tim Wilson gave an update of the Trauma Program Budget and the Education Dollars. We are starting a new fiscal year with the State; we received \$28,000 for trauma education funds for Sherri Wren for the Trauma Program. These funds are available and go toward reimbursement for trauma education for facilities and toward paying for hospital designations and redesignations.

#### **AGENDA ITEM: National Guidelines for the Field Triage of Injured Patients**

Tim Wilson presented information on Field Triage of Injured Patients. This was brought forward from the EMS Board. The ACS has put out new Field Triage of Injured Patients Guidelines. These are ways for EMS to assess risk of injury and identify trauma activation in the field. Before adopting these new protocols, the EMS Board wants to run them by the Trauma Advisory Board to see if there are any concerns or questions from the Trauma Advisory Board that need to be addressed from the EMS side of things. A discussion ensued.

One concern brought up at the national level was possible confusion between the Field Triage and trauma activation criteria and how will this impact the actual trauma activations at our facilities.

Mike Bailey will be the liaison from the Trauma Advisory Board to the EMS Board regarding communicating the consideration of how EMS will get field triaged patients to a trauma center.

Tim Wilson proposed a recommendation from the Trauma Advisory Board that these guidelines would be okay to put into our EMS protocols.

**MOTION:** Kirchner made the motion, seconded by Bauman, to recommend to the EMS Board that they adopt these criteria for assessing trauma patients and triaging them to the appropriate level of care based on the category they fall under.

Voting Yes: Bailey, Bauman, Cantrell, Coddington, Duval, Fermelia, Festersen, Hanna, Harmon, Jacobson, Kirchner, Kuncir, Lee, Pierce, Reutlinger, Saxton, Sorrell, Tysor, Voigt, Walters, Wilson, and Wright. Voting No: None. Abstain: None. Absent: Bokelman, Hughes, Romero, Terryberry-Spohr, and Vrbas. Motion carried.

*(Dr. Fermelia left the meeting at 12:09pm)*

**AGENDA ITEM: Data Systems RFP Discussion**

Tim Wilson reported on the Data Systems Request For Proposal process for the Trauma Registry and the EMS Patient Care Reporting systems. The current contractor is Image Trend and the current contract expires June 2023, so the program is in the bidding process to either maintain or get a new vendor for both systems. The program is currently in the drafting phase; it has been through IT review and will be sent for legal review next week. Conversations have been started with Jill Coddington and Mindy Walters regarding building in efficiencies with other systems/facilities to allow better coordination with sites that are not using the trauma system. As of now there are only two vendors out there that qualify for a statewide implementation, Image Trend and DI/ESL.

Questions were brought up regarding migration of data, specifically historical data. Tim Wilson responded that the State allows for the migration of data and incorporates that into the cost of any bid that comes in.

**AGENDA ITEM: Reviewer Pool**

Tim Wilson gave an update on the reviewer pool process. The roadblock of state staff turnover in procurement and contracts is being worked out and the new person is getting up and running. They are currently getting reviewer pool contracts reviewed and getting contracts established for the applications that Sherri Wren has previously reviewed. Once the reviewer pool is established, there will no longer be contracts, only a reviewer pool. If you have any questions regarding the process of getting into the reviewer pool, please contact Sherri Wren. The process of establishing the reviewer pool should be complete within the next couple of months. Tim Wilson will keep the board informed. New applicants can submit a reviewer pool application anytime. Please contact Sherri Wren if interested.

**AGENDA ITEM: Data Presentation**

Andrew Ngochoch reviewed the State Board Report for Data that was submitted to the board.

There was a drop in cases from 2019 to 2021 in Region 1. Region 2 saw a slight increase in cases between 2020 and 2021. Regions 3 and 4 the rate of cases between 2019 and 2021 remained constant.

Case fatality rates overall statewide were 3/100 cases. Case fatality rates were highest in Quarter three and four in 2020. The fatality rate was significantly higher among COVID patients as compared to non-COVID patients. Length of stay for positive COVID patients was longer than non-COVID patients.

Most patients were discharged home. Of patients discharged to a skilled nursing facility, 40% were 65+ years old.

Cause of injury was reported on. Motor vehicle traffic and cut/pierce injuries increased slightly from 2019-2020. Most cut/pierce injuries occurred at home. Among patients 21+ years, reported alcohol use among motor vehicle traffic injuries reduced from 71% in 2019 to 40% in 2020. In the same period, cases where testing or evaluation for alcohol use was not performed decreased from 5% to 4% in 2020.

Femur fractures was the leading primary diagnosis, with the majority of these being from falls. Fracture of lumbar spine injuries had the longest median length of stay in the ED. Patients with intracranial injuries reported the highest average ISS.

Triage rates were reviewed along with a review of triage rates pre and post COVID.

Questions of how information was tracked for COVID and for triage rates were presented. Andrew Ngochoch will send information on how he tracked these numbers to board members interested.

*(Festersen left the meeting at 12:24 pm)*

#### **AGENDA ITEM: UNL Policy Center Listening Session**

Ashley Miller presented the UNL Policy Center Listening Session. There was a brief review of the survey feedback from the Nebraska Trauma Systems Survey. Primary topics included trauma system readiness and integration, collaboration with NEDHHS Emergency Health Systems, receipt, and uses of NEDHHS trauma data, and infrastructure and process improvement. She reviewed the respondent characteristics. She noted that she did a test for mean statistical differences between profession groups and among regions. Respondents overall perceived the Nebraska trauma system to have a less effective response to large scale disasters and emergencies during the heights of COVID. She also noted there was no perception of difference between individuals and their perceptions of the statewide system and their regional system. EMS was the most integrated with regional trauma systems, followed by emergency management and behavioral health was the least likely to be integrated within the trauma systems structure. The only statistically significant difference between profession groups was found in collaboration with NEDHHS Emergency Health Systems. All other healthcare personnel were more likely to indicate that their regional trauma system collaborated with DHHS Emergency Health Systems when compared to EMS personnel. Most respondents were satisfied with the content and frequency of Trauma Registry Reports. It should be noted that the highest proportion of respondents didn't know whether their agency receives trauma registry reports at all. Only 13 respondents were unaware if they received eNARSIS reports. There were 41 respondents that said they received eNARSIS reports with some frequency. Trauma registry data was used most for infrastructure improvement and for process improvement.

*(Dr. Sorrell left the meeting at 12:46 pm)*

Ashley Miller also identified strengths and challenges related to the Nebraska trauma system to help with some strategic planning efforts. Topics included: Trauma System Stakeholder Collaboration; How COVID Affected the Trauma System Collaboration; Outreach Being Done and In-Person (Establishing Connections); Situations Where Provider-To-Provider Calls Could Not Be Used; Transfers – Streamlining and Comments on How DHHS OEHS Can Help Regional/Statewide Trauma Systems.

#### **AGENDA ITEM: October Meeting Friday, October 14, 2022**

Dr. Cantrell reminded everyone that the next meeting is Friday, October 14, 2022. This will be an in-person meeting at CHI Good Samaritan Hospital in Kearney.

#### **AGENDA ITEM: Public Comments**

None.

#### **CONCLUSION AND ADJOURNMENT**

There being no further business, the meeting adjourned by Dr. Emily Cantrell.

Respectfully submitted,

*Tonja Bohling*

Tonja Bohling  
OEHS Administrative Technician