

**State Trauma Advisory Board Meeting  
May 11, 2018 – 10:30 a.m. to 2:00 p.m. (CT)  
Good Samaritan Hospital, Kearney, NE  
OPEN PUBLIC MEETING**

**State Trauma Advisory Board Members Present:**

Joseph C. Stothert, MD, Ph.D., State Trauma Medical Director, Omaha  
Paul J. Schenarts, MD, FACS, Region 1 Trauma Medical Director, Omaha  
Thomas Sorrell, MD, Region 3 Trauma Medical Director, Kearney Clinic, Kearney  
Rommie Hughes, MD, Region 4 Trauma Medical Director, Regional West, Scottsbluff  
Michael Schnieders, CHI Health Good Samaritan, Kearney  
Polly L. Olson, County of Deuel, Chappell  
Mike Bailey, EMS Instructor, EMS Liaison, Westerville  
Shahab Abdessalam, MD, Children's Hospital and Medical Center, Omaha  
Rena Jacobsen, RN, CHI Health Good Samaritan, Kearney  
Jessica Summers, Burn Representative, Omaha  
Ginger Schmidt, Emergency Room Dispatcher, Ainsworth  
Anne Monroe, Mid-Level Practitioner, Omaha  
Chad Reutlinger, Law Enforcement Representative, Lexington

**State Trauma Advisory Board Members Not Present:**

Stanley Okosun, MD, FACS, Region 2 Trauma Medical Director, Bryan Medical Center, Lincoln  
Curt Smith, Paramedic, Hastings  
Paul Dongilli Jr., Ph.D., Rehabilitation Representative, Lincoln  
Tami Bokelman, Consumer, Scottsbluff  
Pete Festersen, Elected Official, Omaha

**DHHS Staff Present**

Sherri Wren, Trauma Program Manager, Lincoln  
Andrew Ngochoch, Trauma Registrar, Lincoln  
Clay Jordan, RN, Trauma Nurse Specialist, McCook  
Tim Wilson, EMS/Trauma Program Administrator, Lincoln

**Non-Board Members Present:**

Dr. Michel Wagner, CHI Health Creighton University, Omaha  
Scott Brown, CHI Health Creighton University, Omaha  
Karen Saxton, Nebraska Medicine, Omaha  
Diane Yetter, Nebraska Medicine, Omaha  
Katie Pierce, CHI Health Creighton University, Omaha  
Susan Wilson, Regional West Medical Center, Scottsbluff  
Cindy Blankenship, CHI Health Good Samaritan, Kearney  
Lauri Chandler, CHI Health Good Samaritan, Kearney  
Kristi Farley, CHI Health St. Francis, Grand Island  
Bev Gottula, Great Plains Health, North Platte  
Kerry Sheets, Great Plains Health, North Platte  
Holly Sanchez, Regional West Medical Center, Scottsbluff

**1. Meeting Called to Order:**

Dr. Stothert called the meeting to order at 10:30 a.m. Roll was called and it was noted that there was a quorum.

Board members present: Stothert, Schenarts, Sorrell, Hughes, Schnieders, Olson, Bailey, Jacobsen, Summers, Schmidt, Monroe, and Reutlinger.

Board members not present: Okosun, Smith, Dongilli, Abdessalam, Bokelman, and Festersen.

## **2. Approval of meeting agenda:**

Chad Reutlinger moved and Dr. Paul Schenarts, seconded to approve the May 11, 2018 meeting agenda.

Voting Yes: Stothert, Schenarts, Sorrell, Hughes, Schnieders, Olson, Bailey, Jacobsen, Summers, Monroe, and Reutlinger.

Members Abstain: Schmidt

Members not present: Okosun, Smith, Dongilli, Abdessalam, Bokelman, and Festersen

## **3. Approval of meeting minutes:**

Chad Reutlinger moved and Mike Bailey seconded to approve the minutes from January 31, 2018.

Voting Yes: Stothert, Schenarts, Sorrell, Hughes, Schnieders, Olson, Bailey, Jacobsen, Summers, Monroe, and Reutlinger.

Members Abstain: Schmidt

Members not present: Okosun, Smith, Dongilli, Abdessalam, Bokelman, and Festersen

## **4. Announcements:**

Sherri Wren announced that the public meeting notice for the meeting had been posted. She announced that lunch would be held at noon for board members, staff and speakers.

Sherri announced that Paul Dongilli was reappointed to the board and welcomed Ginger Schmidt as the new Emergency Room Dispatcher appointed to the state trauma board. She also announced several appointments that were expiring this year; Dr. Schenarts, Dr. Hughes, Curt Smith, Dr. Summers, and Dr. Stothert. Vacancies will be posted and she encouraged the current members to reapply. She also recognized Clay Jordan, RN as the new Trauma Nurse Specialist for the state.

Dr. Abdessalam joined the meeting at this time.

Dr. Stothert asked that everyone introduce themselves.

## **5. State Trauma Activities:**

Sherri advised the board that the trauma regulations are currently in the drafting phase. She explained the procurement process for reviewers. Clay has been working on the education newsletter which goes out quarterly. The prevention newsletter also continues to be worked on regularly by the prevention staff. There is education money available for TNCC, ATLS, ENPC, and PALS. They are working on scheduling an education committee meeting. Dr. Lisa Schlitzkus is the chair for the education committee. The state data q/a committee had a meeting earlier this year and will have another one scheduled later this summer. The designation committee has met once this year. Sherri provided legislation updates. The Nebraska child safety restraint law, LB42, all children up to age 8 must ride in a federally approved car seat or booster. Children ride rear facing up until age 2 or when reaching the upper limits allowed by the car seats manufacturer. Children under age 8 must ride in the back seat as long as restraints are available. Children ages 8-18 must ride securely. Childcare providers must transport all children securely. Children up to age 18 are prohibited from riding in cargo areas. Violation carries a fine of \$25 plus court costs with one point assessed against the drivers operating record. The prevention program works with this legislation. Sherri reported on LB931 regarding the opioid prescribing limits that go into effect on July 1st. LB788 requires that those licensed to prescribe controlled substances must take 3 hours of continuing education bi-annually on prescribing opioids for their renewal license. This terminates in January 2029. Amy Reynolds is the program manager for this program. Sherri also reported that the motorcycle helmet law did not repeal this year and she anticipates that this will

come up again. The state currently has 49 hospitals designated. There has been a lot of interest from new trauma centers statewide. The current trauma program budget is \$230k.

## **6. Emergency Health Systems Program Update:**

Tim Wilson updated the board on a staff assistant vacancy that has been vacant for 8 or 9 months. He received a partial upgrade to the position and has contacted HR to start the hiring process. This position assists the program managers within the Emergency Health System. Regarding funding, there is a new FTE position that has been doing some financial analytics on the 50 cents for life funding. They have been able to reduce the budget constraints by shifting some salaries and other projects to federal grants. The current budget crises expectation has had some relief due to this. He does not anticipate any decrease in the trauma budget. Tim has applied for PHHS (Public Health and Human Service) block grant. Currently the PHHS grant is focused on the stroke program and next year he plans to keep the grant broader to all types of emergencies such as stroke, trauma, and STEMI. It hasn't gone through final approval yet but he is anticipating that he will receive all the funding asked for.

The procurement process for the reviewers is currently being worked on. This is a slow process that is revamping the way the contracts with reviewers are handled. Anyone who has contracts now have to go through a competitive bid process. Bids will be sent out and reviewers will not be awarded a contract but will be under an umbrella. They will send out a notice to everyone that is under the umbrella whenever there is a need for a reviewer. The reviewers will then respond weather or not they are available. This process will allow for a longer term contract, 3 years, with an option to renew for two 2 year periods for a total of 7 years rather than annual contracts that the system currently uses.

LB1034 passed which included some EMS bills. The western region EMS specialist is an open position and they are currently in the hiring process and have a few more interviews. Tim also talked about participation of EMS coordinators at designation reviews. Their participation is currently inconsistent. He has talked to the EMS specialists and they would like to be more involved with the reviews. He would like the EMS specialists to coordinate with our trauma designation committee to discuss their involvement and what questions would be most beneficial for everyone involved.

## **7. Regional Activities:**

Dr. Hughes reported on the activities of Region 4. Kimball had a focused review due to a change in Trauma Nurse Coordinator. Ogallala, Gordon, and Regional West have all been re-designated and Chadron has a visit coming up this year. Their region struggles with getting the smaller hospitals to redesignated due to lack of personnel and cost. Regional West has been fortunate to help some of these small facilities with some of the costs of education to keep them designated. They continue to talk to Sidney and Oshkosh about the trauma program in an effort to get them to designate. They had their Region 4 meeting on May 4. One of the projects their region is working on is getting Kcentra into all of the hospitals on consignment. They struggle with this because some of the hospitals have different pharmacy suppliers. Their educational offering at the meeting was fluid resuscitation. Also at their meeting they talked about designations and lack of physician reviewers. Questions came up about why ER docs can't be reviewers. It was discussed and noted that this was not the best option, it needs to be a surgeon. Dr. Hughes encouraged the surgeons on the state trauma board to be involved as a reviewer and to talk to other surgeons to do the same. Region 4 has ENPC and TNCC courses available in the fall. Airlink is adding a fixed wing in the next couple of months. Airlink EMS conference is in the fall. The 4th annual Safety Safari is in June at the zoo in Scottsbluff. This is a well-attended event in their community. There is a nurse's education day coming up in June. Their Stop the Bleed campaign has been going very well. They have provided over 40 classes and trained over 1200 people. They secured a \$20,000 grant from the Regional West Foundation to put bleeding control packs in all the schools in the panhandle. All the schools have been trained. They also received a \$10,000 grant from the Chappell Buckley Foundation to put bleeding control kits in the schools. They teamed up with the state patrol and their CRAKE (Citizens Response to Active Killing Event) program to present Stop the Bleed. They have 3 RTTDC courses scheduled. They had a presence at the after prom party with their drunk driving goggles.

Dr. Stothert commended Region 4 for their work in the community and in the panhandle.

Renae Jacobson updated the board on activities in Region 3. There are several re-designations this year. Holdrege, McCook and Grand Island were completed this year. Upcoming re-designations include Cambridge, Benkelman, Lexington, Ainsworth, Gothenburg, St. Paul, Ord, and Good Samaritan Hospital. Hospitals working towards designation by submitting data to the registry include Cozad and Rock County. Kearney Regional Medical Center, Kearney County and Alma have expressed interest in designation. There are new TNC's in Ainsworth, Gothenburg, and Cambridge. There is a new TMD in Broken Bow and in Gothenburg. Regarding education, Cindy Blankenship and Renae Jacobson provided an RTTDC course in Cambridge with help from Dr. Wagner and Scott Brown from CUMC Bergen. There are TNCC classes available in Kearney and North Platte, and ATLS classes available in Kearney, Grand Island, and North Platte. Good Samaritan provided a trauma grand rounds class last week featuring Dr. Cornell from CUMC Bergen and another trauma grand rounds coming up featuring pediatric orthopedics. Good Samaritan has an EMS conference coming up in September. Bev Gottula will be retiring as TNC in North Platte at the end of June. Great Plains is hosting a trauma conference in October. St. Francis in Grand Island has a water safety event in June and a distracted driving simulator sometime this summer also. Stop the Bleed has been ongoing and a lot of the hospitals in our region are doing their own STB training. Multi system kits have been assembled and placed in some of the bigger venues here in Kearney such as the mall, UNK, and the Viaero Event Center.

Sherri Wren let the board know that due to patient volume at Bryan, Region 2 representatives are not in attendance and she has a brief update for that region. Auburn was redesignated. They had an orientation in Crete with the TNC. Hebron is coming up this year for re-designation. The region 2 board meeting is scheduled for June 8th.

Dr. Schenarts provided an update on Region 1. Wayne and Pender are working on their questionnaires for designation. They haven't heard anything from Neligh and Bellevue is looking into becoming designated. Recent and upcoming re-designations include West Point, Nebraska medicine, CHI Bergen, Columbus, Wahoo, Children's, Oakland, Atkinson, O'Neill, and Blair. They have had orientation with the new TMD in Norfolk. The next Region 1 meeting is July 13th in Columbus. Regarding Stop the Bleed, CHI Bergen had a full spread article in the Omaha paper, UNMC partnered with Omaha Fire Department to train firemen to go out as instructors. OFD has received a \$10,000 grant from the First Responders specifically for Stop the Bleed. They continue to do RTTDC. They have several instructors for ATLS and the 10th edition will be a fairly big undertaking. More faculty will be needed to run ATLS as they will be removing the slides and the class will be more practical and technical. Dr. Schenarts, in his role for the Committee on Trauma, asked that the trauma centers provide him with updated points of contact. Karen Saxton added that TNCC and ATLS dates are on the Nebraska Medicine website. Children's and CUMC Bergen have trauma symposiums in June. In April the trauma centers in Omaha partnered with UTURN which is a violence prevention group funded by the Sherwood Foundation. They have built a response team for each of the trauma centers in the event that a violent act would disrupt the system. Katie Pierce added that CUMC Bergen has an upcoming ASSET course which is a cadaver course. Their trauma symposium is in June and telehealth is available. It is also web-based. They also have ATLS, TNCC, and ATCN classes upcoming. Dr. Abdessalam added that Children's reverification date is in August. Dr. Wagner added that Dr. Jacobs is the key note speaker at CUMC Bergen's trauma symposium and he is the physician that started the Stop the Bleed campaign.

## **8. ATLS (10th Edition):**

Dr. Stothert started discussion on the upcoming ATLS course revision. The revision is much more instructor intense and teaching it will involve a new approach. In order to be an ATLS instructor, one has to be updated on the 10th edition. Currently our state only has a few people available to provide these instructor updates. Each region should try to come up with some dates to update their instructors. Discussion between members continued. It was pointed out that the course to update instructors is not available yet and no date stating when it would be available. There is some money available through the committee on trauma for the instructors to teach the updated course. This is a 4 hour course. This update is much more hands on and the student to instructor ratio has changed. Discussion continued about how to get the instructors in our state

updated and ready to teach. There is no limitations on how many people could be at the instructor update. Questions arose and discussion ensued about updating the class coordinators. Scottsbluff has an ATLS 10th edition course scheduled for October 26th & 27th if anyone wants to go there to get acclimated to running the course. In regards to updated instructors, it would probably be best to have any instructor candidates complete instructor training in the 9th edition and then just update to the 10th edition when available.

*Working lunch*

## **9. Trauma Committee Reports:**

Diane Yetter updated the board on what the designation committee has been doing. They have been reviewing and updating the designation section of the state trauma regulations. They are also looking at the education requirements for designated facilities as many facilities have difficulties meeting these requirements. They have discussed how to tease trauma hours out of canned courses. Some of the hours from the SANE course has been allowed in the past and the Pediatric disaster course also has some trauma hours and facilities are wondering if those hours will count toward trauma education hours. Discussion continued about the content of the courses. It is felt that we have to continue to count these hours and keep the current standard until the regulations are complete and guidance documents can be written.

Sherri Wren updated the board on the Education and Prevention committee. Dr. Lisa Schlitzkus is the newly appointed chair of this committee and they are working on finding dates to meet. Sherri Wren asked her about possibly appointing co-chairs. The committee would like to have four meetings per year. The goal of the committee is to educate facilities about the trauma programs that are available. They create awareness of the various coalitions throughout the state. They spend time with registry training, designation training, educational offerings and focus has been on the rural areas and they will continue to use webinars for these training opportunities.

Sherri Wren also updated the board on the state data q/a committee which is chaired by Jennifer Middlekauff and Kristi Kennedy. They are currently focusing on registry basics and registry training with the rural hospitals. There is also a sub-committee that is working on updating the data dictionary. Andrew added that they continue to work with registry mapping between DI and Image Trends.

## **10. EMS Board Liaison Report:**

Mike Bailey updated the board on what the EMS board has been working on. First, LB1034 passed which was the first step in making regulation changes. They are pretty far along in their process of making changes to their rules and regulations. They are also working on protocols along with the rules and regulations. Mike Bailey pulled out the trauma protocols and asked the trauma board to look at them and offer any feedback. In the tourniquet protocol, they currently are allowed to remove the tourniquet to see if bleeding has stopped after a certain amount of time. The trauma board all agreed that this protocol is a bad idea. Mike said that the EMS board agrees and they did remove that from the protocols. Other protocols that the EMS board is looking at is wound packing and fluid recommendations. There are other protocols that Mike Bailey will have Sherri Wren send out to the trauma board to look at and provide feedback on to the EMS board. The next EMS board meeting is in July in conjunction with the state EMS conference.

## **11. Trauma Registry:**

Andrew Ngochoch provided the board with the trauma registry report, "Assessing Some of the Impacts of The Nebraska Trauma System." The Statewide Trauma Plan was created in 1994 and in 1997 LB626 passed creating infrastructure for the Statewide Trauma System. In 2001 LB191 known as fifty-cents for life was signed creating funding to support the EMS, CISM, and Trauma programs. The Nebraska Statewide Trauma System Regulations were adopted in 2002. Data for this report comes from Hospital Discharge Data and uses ICD-9 CM to determine injury severity. For the time period 1998-2014, 37% of hospitalized patients had trauma injuries. 38% of trauma inpatients had severe injuries and 33% of children under 16 years had severe trauma injuries. The number of trauma patients admitted at trauma centers increased as more facilities became designated. 26% of trauma patients received care in a designated trauma center in 1998 compared to

69% in 2014. This is a 43% increase. The percent of patients admitted to a trauma center has increased for all injury levels but particularly for severe injuries. In 1998, 15% of patients with severe injuries were admitted to a level 1 or 2 trauma center compared to 58% in 2014. Direct admission of severely injured patients in level 1 and 2 trauma centers has also increased since implementation. A higher percent of severely injured patients spent 1 day or less at a level 3, 4, or an undesignated facility before being transferred to a higher level since implementation of the trauma program. In conclusion, the percent of trauma patients receiving care at trauma centers increased, the percent of severely injured patients being directly admitted to a Level 1 or 2 trauma center increased, and severely injured patients are spending less time in a level 3, 4, or undesignated facility before being transferred. Limitations to the report include: the data reported to the trauma registry was used to approximate the year when a facility became designated as a trauma center, hospital name changes over the years make it less accurate to tracking when a facility was designated, and many assumptions are made using ICD-9 CM diagnosis codes for defining injury severity. It was noted that it would be useful, if possible, to connect death records from the state vital records system to compare the trauma centers.

Dr. Schenarts provided some follow-up to agenda item 8, ATLS (10th edition). He received information from Autumn at the ACS and she recommended to take instructors in the 9th edition and then update them to the 10th. An online update course for instructors will be available on July 15th. Information on updating instructors will be available on slides and handouts, thumb drives, and at [www.myatls.com](http://www.myatls.com). CME's will be available for participants. Instructors can teach either lecture or skills. There is no special course for coordinators. The course to update instructors can be via Skype.

#### **12. Board Goals:**

Sherri Wren announced that the BIS is available with the board goals for those that want to review it. The top priority right now is the trauma regulations. The next goal is the state trauma plan which they will work on when the regulations are done. She suggested that a sub-committee be formed for the state trauma plan update.

#### **13. Board Reports:**

There were no board reports.

#### **14. Next Meeting/Adjourn:**

The next board meeting has to be face to face. It was agreed upon that we should try to meet on October 5th at Good Samaritan Hospital in Kearney pending availability of the board room. Dr. Hughes asked that TQIP data sharing be added to the next agenda. Dr. Hughes moved to adjourn the meeting, seconded by Dr. Summers. Motion passed.