

**State Trauma Advisory Board Meeting
May 24, 2019 – 10:30 a.m. to 2:00 p.m. (CT)
Good Samaritan Hospital, Kearney, NE
OPEN PUBLIC MEETING**

State Trauma Advisory Board Members Present:

Lisa Schlitzkus, MD, State Trauma Medical Director, Nebraska Medicine, Omaha
Juan Asensio, MD, Region 1 Trauma Medical Director, CHI Health Creighton Medical Center, Omaha
Thomas Sorrell, MD, Region 3 Trauma Medical Director, CHI Health Clinic, Kearney
Stanley Okosun, MD, FACS, Region 2 Trauma Medical Director, Bryan Medical Center, Lincoln
Rena Jacobsen, RN, CHI Health Good Samaritan, Kearney
Polly L. Olson, County of Deuel, Chappell
Chad Reutlinger, Law Enforcement Representative, Lexington
Ryan Hamburger, Paramedic, Lincoln
David Voigt, MD, Burn Center Rep, CHI Health St. Elizabeth, Lincoln

State Trauma Advisory Board Members Not Present:

Rommie Hughes, MD, Region 4 Trauma Medical Director, Regional West, Scottsbluff
Michael Schnieders, CHI Health Good Samaritan, Kearney
Mike Bailey, EMS Instructor, EMS Liaison, Westerville
Shahab Abdessalam, MD, Children's Hospital and Medical Center, Omaha
Robby Rhembrandt, EMS Instructor, Regional West Medical Center, Scottsbluff
Paul Dongilli Jr., Ph.D., Rehabilitation Representative, Lincoln
Tami Bokelman, Consumer, Scottsbluff
Ginger Schmidt, Emergency Room Dispatcher, Ainsworth
Pete Festersen, Elected Official, Omaha
Sandra Kirchner, MSN, APRN, Bryan Medical Center, Lincoln

DHHS Staff Present

Sherri Wren, Trauma Program Manager, Lincoln
Diane Schoch, RN, Trauma Nurse Specialist, Marquette
Tim Wilson, EHS Program Manager, Lincoln
Andrew Ngochoch, Trauma Registrar, Lincoln
Sharon Steele, Information Technology Business Systems Analyst, North Platte
Becka Neumiller, Stroke & STEMI Program Manager, Broken Bow
Wendy Snodgrass, EMS Education & Training Agency Compliance Manager, Nebraska City

Non-Board Members Present:

Diane Yetter Canedy, Nebraska Medicine, Omaha
Katie Pierce, CHI Health CUMC Bergan, Omaha
Alicia Gentle, CHI Health CUMC Bergan, Omaha
Scott Brown, CHI Health CUMC Bergan, Omaha
Karie Sheets, Great Plains Health, North Platte
Jane O'Connor, CHI Health CUMC Bergan, Omaha
Jackie Wright, Bryan Health, Lincoln
Jaime Muhkerjee, Children's Hospital, Omaha
Candice Thompson, Nebraska Medicine, Omaha
Kristi Farley, CHI Health St. Francis, Grand Island
Cindy Blankenship, CHI Health Good Samaritan, Kearney
Lauri Chandler, CHI Health Good Samaritan, Kearney

1. Meeting Called to Order:

Sherri Wren called the meeting to order at 10:50 a.m. Roll was called, it was noted that there was a quorum.

Board members present: Schlitzkus, Asensio, Okosun, Sorrell, Olson, Hamburger, Jacobson, Voigt, and Reutlinger

Board members not present: Hughes, Schnieders, Dongilli, Rhembrandt, Abdessalam, Schmidt, Kirchner, Bokelman, and Festersen

2. Approval of October 5, 2018 draft meeting minutes:

Chad Reutlinger moved that the board approve the minutes from the October 5, 2018 meeting. Seconded by Dr. Okosun.

Voting Yes: Schlitzkus, Asensio, Okosun, Sorrell, Olson, Hamburger, Jacobson, Voigt, and Reutlinger

Voting No: None

Board members not present: Hughes, Schnieders, Dongilli, Rhembrandt, Abdessalam, Schmidt, Kirchner, Bokelman, and Festersen

The October 5, 2018 draft meeting minutes were approved.

3. Approval of the May 24, 2019 meeting agenda:

Dr. Schlitzkus moved to approve the agenda for the May 24, 2019 meeting. Seconded by Dr. Sorrell.

Voting Yes: Schlitzkus, Asensio, Okosun, Sorrell, Olson, Hamburger, Jacobson, Voigt, and Reutlinger

Voting No: None

Board members not present: Hughes, Schnieders, Dongilli, Rhembrandt, Abdessalam, Schmidt, Kirchner, Bokelman, and Festersen

The May 24, 2019 meeting agenda was approved.

4. Announcements:

Sherri Wren announced that this was an open public meeting. Lunch will be provided at noon for board members. Sherri Wren welcomed the new state Trauma Nurse Specialist, Diane Schoch. At this time Sherri Wren turned the meeting over to Dr. Okosun.

5. State Trauma Program & Emergency Health System Program Updates:

Dr. Okosun asked Tim Wilson to update the board on the state trauma program. Tim Wilson introduced Diane Schoch, new trauma nurse specialist. The state is still trying to hire an administrative assistant. Going to hire temporary staff internally while trying to revamp and reclassify the position to try and get interest of applicants. In regard to the trauma program, the rules and regulations have officially submitted and are at the GPRO office for review. After they review the regulations, there will be a public hearing. The final draft that was sent to the GPRO has been sent to trauma board, please let Tim know if there are any questions.

Dr. Schlitzkus asked about the status of the TQIP collaborative. Tim is still working on it. Our attorneys have questions, waiting to hear from TQIP attorneys.

Sherri Wren welcomed newly appointed board members, Ryan Hamburger, Dr. Juan Asensio, Sandra Kirchner, APRN, and Dr. Lisa Schlitzkus. The terms that are expiring this year include Michael Schnieders, Dr. Thomas Sorrell, Chad Reutlinger, and Pete Festersen. She advised the new members of their roles on this board. Their role is to provide advice to the state EHS Trauma program. They are a voice for the trauma system and all input is welcomed and appreciated. Sherri Wren advised the board that the motorcycle helmet law stalled in committee and she doesn't look for that to reappear. Any questions?

Tim Wilson gave a brief update on 50 cents for life fund. This is how the EHS program is funded. The account is holding steady. There is about \$650,000 in the reserve fund which does fluctuate. We were anticipated to start falling into the red in this account within a year or two. Some expenses have been moved around to other funds to help. LB666 was presented this year requesting funding for sim trucks. This is requesting funding from the healthcare cash fund which is very difficult. Senators have denied expending any funds from the healthcare cash fund. They are looking for other funding sources and came across the 50 cents for life fund. EHS has convinced them to stay away from that fund for now. There are thoughts from senators to look at increasing this fund.

Tim Wilson updated the board on the reviewer contracts. Most reviewer contracts are coming due June 30. The state has been updating the system to now using the PRQ process which lumps reviewers into one pool. The process of asking reviewers to go on reviews will remain similar. The PRQ system isn't up and running yet so the state is going to go with contracts again in the interim. Contracts will look more like a fee for service now. They are determining the average cost of a review by looking at the average cost of reviews paid out since 2017. For trauma nurse reviewers for advanced level designation, re-designation or initial consult, the rate will be \$1400 per visit. For general and basic level designation, re-designation, and initial consult, the rate will be \$900 per visit. Focused or orientation visits will be paid at half the amount, advanced will be \$700 and general and basic will be \$450. For physician reviewers, all levels of designation will be \$1,000 per visit; focused and orientation visits are \$750 per engagement, and orientation and consulting will be \$150 per engagement. The scope of service for reviewers hasn't changed other than what type of visit; designation, orientation, focused or consult. Actual work didn't change. Katie Pierce asked about travel expenses. Tim Wilson explained that the expenses are all averaged into the new fee.

6. Regional Activities:

Region 4 update given by Sherri Wren – April 23rd, Gordon had an orientation for the new trauma nurse coordinator. April 24, 2019 they did a review of application for Kimball and orientation with their new trauma nurse coordinator. Nov 5, 2019 there is a re-designation visit scheduled for Kimball. A Region 4 meeting was scheduled in March but cancelled due to weather and nothing has been rescheduled yet.

Region 3 by Renae Jacobsen – Good Samaritan Hospital was designated in October. St. Francis in Grand Island was ACS verified in January. In February, Valley County, Ord, TNC was oriented. A June 4, 2019 a designation visit is scheduled for Brown County. We are planning designation preparation visits for Broken Bow and North Platte. Region 3 PI meeting was rescheduled from May 22, 2019 to June, 19, 2019. Tentative date for Region 3 board meeting October 16, 2019. Up for re-designation in 2019 include Broken Bow, North Platte, and Valentine. Renae Jacobson advised that there is a new edition TNCC class at Good Samaritan in October. Emergency Care conference on Sept 6, 2019. Grand Island will have 9th edition ATLS on August 15 and 16, 2019. TNCC will be new edition in September. North Platte will have new edition ATLS on November 7 and 8, 2019. TNCC will be held on November 14 and 15, 2019. They have a trauma symposium on September 18, 2019. ENPC class on October 24 and 25, 2019... Annual EMS flatrock August 17, 2019 will include a mass casualty active drill. Good Samaritan completed a community wide active shooter disaster drill in Kearney with over 80 volunteers, 50 victims, and 10 agencies in January. There were airport disaster drills in Kearney and Grand Island that both hospitals participated in. Dr. Okosun asked what we have in place to reach out to other regions to let them know what we have going and what we may have needs for? Renae Jacobson stated that it is all directed through TRIMRS. At our last drill it was discussed about reaching out to eastern hospitals to participate in regard to bed availability. Due to the flooding disaster, knowledge hub will be

put into use to help connect the state when a disaster occurs. Dr. Okosun would like to see a way for everyone to be able to see all education opportunities and disaster drills and anything trauma related across the state. Renae Jacobson advised of the education calendar on the EHS site and spoke to receiving EHS emails regarding education being provided across the state which she then sends to our region's critical access hospitals. Dr. Schlitzkus advised the board that the education calendar is current, and any center can go on there and add classes.

Region 1 - Katie Pierce gave the Region 1 update. Memorial Hospital in Blair was re-designated as basic. Faith Regional, Norfolk had a focused orientation for new TMD, Dr. Reynolds. Pender had a consultation visit in November and they have not yet put in their application for designation. Avera St. Anthony's in O'Neill was re-designated as basic. Providence Medical Center in Wayne had a consultation visit and have put in an application for basic level designation. Region 1 board meeting in Columbus on May 31, 2019. October 4, 2019 a Region 1 Board meeting is scheduled at CUMC-Bergen, Omaha. Trauma symposiums coming up in June. June 7, 2019 is Children's Pediatric Trauma Symposium and June 14, 2019 is the Trauma Conference for CUMC-Bergen. All education classes are on the state website. Children's is looking at TCAR course soon. Dr. Asensio discussed their upcoming trauma symposium. This year will be talking about the armed forces blood program. They will be paying homage to Vietnam veterans and looking at the contribution of the Vietnam war to vascular injury management. They will also feature air evacuation for both military and civilian. CUMC is hosting a TNC connect day in York on June 28, 2019 for all TNC's across the state. Registration is on Eventbrite.

Region 2 - Dr. Okosun introduced the new TNC from Bryan, Jackie Wright. She gave announcements on the region. Re-designations in January included Thayer County Health Services, Hebron and Johnson County Hospital, Tecumseh. In January there was a new TNC orientation in Nebraska City. In March there was a new TNC orientation in Syracuse. The Region 2 board meeting was February 13, 2019. On March 4, 2019, there was a Region 2 preparedness meeting for stakeholders. April 3, 2019, Medical Center in Central City had a basic re-designation visit and the report is pending. A June 25, 2019 re-designation visit is scheduled for Crete Area Medical Center. A Region 2 board meeting scheduled for October 9, 2019. Dr. Okosun added that Bryan's Trauma Symposium is September 13, 2019.

7. NE Regional Disaster Health Response EcoSystem Grant Update:

Diane Canedy gave a presentation on a grant that Nebraska Medicine received to increase surge response in the event of a true mass casualty event. Only two of these grants were awarded nationwide. The urban grant went to UMass in Boston and the rural grant was awarded to Nebraska. Nebraska is one of the top 3 states for the most disaster declarations in the country. Five capabilities to the grant which include (1) building a disaster response network, (2) aligning policies, processes, and procedures, (3) increasing statewide and regional medical surge capacity, (4) improve statewide and regional situational awareness, and to (5) develop readiness metrics and conduct an exercise to test capabilities. The grant was used to purchase the knowledge center which is a tracking system. It is up and running but there is a lot of training to be done. The grant is not only for trauma but will include all types of disasters. There are multiple arms to the grant and multiple people working on it. There is a 3-day exercise planned for August 19, 2019 which will be an earthquake with a train derailment and toxic chemical spill from the train. There was a slide presented that showed all the agencies included relating to Capability #1. Capability #2 included workshops among the various coalitions. Transportation and communication are the two biggest topics and concerns that came up at all the meetings. Dr. Schlitzkus added that an assessment was done following these meetings and a document was developed regarding legal advice to the different types of declarations of disasters that are specific to our state dealing with credentialing and waivers. Capability #4 is being accomplished with the knowledge center that was purchased. Capability #5 will be the exercise in August to test capabilities. Diane Canedy then focused on capability #3. The vision for the grant is how we have deployable teams for trauma and burn events no matter where it happens in the state. It is all dependent on what part of the state it happens in and what resources are available at the time of the event. Some of the basic assumptions are that it will be a state asset and one will be covered by credentialing and malpractice. It will be deployed by NEMA. It will be run by DHHS with

NEMA. They want a 3 to 6-person team with expertise. There would be a core team that would make arrangements for deployment. Would need to be ready in 8 hours and able to be self-sufficient for 3-4 days until the teams from FEMA can get to the site. Possibly take this beyond state lines. What does this board think is feasible? There was discussion among the board regarding this type of system that is already set up in other areas of the country. Opinions on how to set up this type of system in our state were given to Diane Canedy. Opinions on resources were also given to Diane Canedy.

8. Trauma Committee Reports:

Education, Training & Prevention Committee- Dr. Schlitzkus updated the board on upcoming committee meetings that are scheduled for July 11, 2019, September 19, 2019, and November 21, 2019, Any ideas of topics to cover, please let her know.

Designation Committee – Diane Canedy updated the board on the questionnaires are being updated for use with designations at general and basic level centers. Changes are being made to the report template for reviewers, going to a checklist type of report that flows from the questionnaire. Need approval from the board to roll this out.

It was moved by Dr. Okosun and seconded by Dr. Sorrell to approve the questionnaire and report template. Voting Yes: Schlitzkus, Asensio, Okosun, Sorrell, Olson, Hamburger, Jacobson, Voigt, and Reutlinger

Voting No: None

Board members not present: Hughes, Schnieders, Dongilli, Rhembrandt, Abdessalam, Schmidt, Kirchner, Bokelman, and Festersen

Motion carried. Will update with new rules and regulations.

Data/QA Committee- Jane O'Connor gave the update for this committee. Long term goals are to make the state database as robust as possible which requires training. This led to short term goals to complete training with new registrars in first three months within hire. The committee is looking at providing monthly training webinars like TQIP does, making a registrar manual, and reviewing the updates to the Nebraska data dictionary. Looking at developing canned reports for various hospitals for PI purposes. They have increased the frequency of their meetings and are trying to make it more consistent. Discussion on collaborating with the Designation committee on orienting new TNC's to the registry.

9. Trauma Registry Report

Andrew Ngochoch presented a report on geriatric trauma cases. The topics reviewed were case fatality rate, length of stay, and cause of injury. Geriatric cases make up about 36% of cases over the past 10 years. From 2009 to 2017, geriatric trauma incidents increased by 48% compared to 20% for patients less than 65 years old. He presented a slide that showed the majority of geriatric injuries occurred in small, isolated rural towns. The average case fatality rate for geriatric patients was 3.9/100 compared to 2.4/100 for patients that were less than 65 years old. Male geriatric patients had a higher case fatality rate than female patients. Urban areas had the highest case fatality rate. This slide is showing CFR by area that the patient was treated. Case fatality rates by region showed that region 1 had the highest CFR and region 3 had the lowest. Andrew explained the difference between small rural town, large rural, and urban areas. The ED length of stay for severe injuries with ISS>15 was 32% longer than non-geriatric patients. The disparity in the ED length of stay between geriatric patients and non-geriatric patients was highest in undesignated facilities. Geriatric patients with severe injuries experienced lower level 1 or level 2 trauma team activation rates compared to non-geriatric patients. The cause of injury among geriatric patients showed that falls accounted for 78% of injuries among geriatric patients and only 29% among patients less than 65 years old. Among injuries with an ISS>15, falls accounted for 70% of geriatric injuries. Falls were the leading cause of fatal injuries. Falls from the same level accounted for 45% of fatal falls. The average ISS from fatal falls was 15.75 and the average ISS for fatal MVC

injuries was 30.4. The primary diagnosis from severe fall injuries was intracranial/concussions at 70.5% of cases. Jane O'Connor asked if comorbidities could be pulled out of image trends to see what other medical problems the patients were dealing with. Yes, comorbidities can be pulled into the reporting. Dr. Voigt asked if this was only trauma or if it included thermo-trauma. This includes mostly mechanical trauma. The data comes out of Image Trends, not TRACS. There was discussion among the board regarding opportunities relating to geriatric patients.

10. EMS Liaison Update

No report was provided.

11. Statewide Trauma Plan/Goals:

Sherri Wren advised the board that one of the tasks of the board is to identify goals. Current goals that have been identified is funding and TQIP and regulations. The department has identified the State Plan as a goal and would like the board to move forward working on that goal. The state trauma plan hasn't been updated since 1996. Regional trauma plans are required by our statutes, but regions can't update theirs until the state trauma plan is complete. Sherri provided a copy of the BIS which contains goals that were identified in 2018. Need a subcommittee to work on the state plan. Goals are listed on page 22 of the BIS. We should identify 3 goals. Currently the top goals identified are, 1. Trauma Plan and 2. Regulations. When the regulations pass the trauma system will be required to look at rehabilitation. Katie Pierce volunteered to be on the committee and Karen said she would help. Renae Jacobson also volunteered. Dr. Schlitzkus pointed out that 103.2, gap analysis based on system status and resources, goes along with 203.6, defined methods of integrating with the emergency preparedness plan. This could be an appendix to the plan and the third goal.

12. Board Bylaws:

Tim Wilson addressed the board and let them know that the trauma board bylaws need updated. Proposed draft bylaws were emailed and they would like feedback from the trauma board. Sherri Wren noticed that wording regarding quorum rules would have prevented us from having a quorum today. She also suggested additional board members be added, maybe EMS, a volunteer, one rural, one urban. Other suggestions for board members include emergency coalition member, pastoral, etc. There was discussion on how adding members would affect the quorum rules. Also discussed the video conferencing regulations relating to meetings. It was moved by Dr. Sorrell, seconded by Reutlingen to approve the board bylaws.

Voting Yes: Schlitz us, Sensio, Okosun, Sorrell, Olson, Hamburger, Jacobson, Voigt, and Reutlinger

Voting No: None

Board members not present: Hughes, Schnieders, Dongilli, Rhembrandt, Abdessalam, Schmidt, Kirchner, Bokelman, and Festersen

Motion carried.

13. Board Reports:

Would we like this kept on the agenda? There was discussion about keeping board reports on the agenda. Maybe change to open public forum if allowed so that people who travel to these meetings but aren't on the board have a voice.

14. Election of Chair:

There was discussion regarding the election of a new board chairman. Dr. Stothert's position expired and Dr. Hughes is the current Vice Chair. Dr. Hughes term expires in the fall, so can he be nominated for chair until his term is up.

Moved by Dr. Voigt and seconded by Jacobson to table the nomination of election of chair until the fall when vice chair term is up and vote on both at same time.

Voting Yes: Schlitzkus, Asensio, Okosun, Sorrell, Olson, Hamburger, Jacobson, Voigt, and Reutlinger

Voting No: None

Board members not present: Hughes, Schnieders, Dongilli, Rhembrandt, Abdessalam, Schmidt, Kirchner, Bokelman, and Festersen

Motion carried.

Dr. Sorrell left the meeting after the vote.

15. Next Meeting/Adjourn:

Next meeting to be held at Bryan West with video conference available. The date and time to be determined.

Move by Dr. Okosun, seconded by Reutlinger to adjourn.