MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA REHABILITATION COMMITTEE

JUNE 20, 2012 - 8:00 A.M.

ATTENDANCE

Karyn Doddy, MD, Chairman
Linda Kalekas, RN, RTAB Injury Prevention Rep.
Craig Bailey, Kindred Hospital
Stacy Johnson, RN, Sunrise Hospital
Michele Cicogna, RN, Sunrise Hospital
Mary Ellen Britt, RN, Regional Trauma Coordinator
Linn Billingsley, RTAB Rehabilitation Rep.
Mark Emele, HealthSouth Valley View
Bryn Rodriguez, MD, IPC
Tracy Jackson, HCA
Elizabeth Snavely, UMC

SNHD STAFF PRESENT

Michelle Nath, Recording Secretary

CALL TO ORDER – NOTICE OF POSTING

The Trauma Rehabilitation Committee convened in the Dining Room at HealthSouth on Wednesday, June 20, 2012. Mary Ellen Britt called the meeting to order at 8:06 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law.

I. PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

II. CONSENT AGENDA

There were no items on the Consent Agenda. Ms. Britt explained that this is where the minutes from past meetings will be approved in the future.

III. REPORT/DISCUSSION/POSSIBLE ACTION

Ms. Britt stated that the Trauma Rehabilitation Committee is a publicly noticed meeting. She explained that members of the public may attend the meetings and that meeting notifications must be posted as required by the Nevada Opening Meeting Law. She asked the members to sign a form giving the Health District permission to send meeting notifications electronically; otherwise, they will receive the notifications via mail. She asked whether there were any comments from the public about the agenda. There were none.

Ms. Britt introduced herself as the Regional Trauma Coordinator at the Southern Nevada Health District (SNHD). She explained that one of SNHD's primary responsibilities is providing regulatory oversight of the Emergency Medical Services and Trauma System (EMSTS) in Clark County. The Regional

Trauma Advisory Board (RTAB) was established to support the Health Officer's role to ensure a quality system of patient care for the victims of trauma within Clark County and the surrounding areas. In 2011, a trauma system consultation was conducted by the American College of Surgeons (ACS). One of the recommendations was to form a group of stakeholders to address issues related to rehabilitation services as part of the trauma care continuum. Ms. Britt thanked everyone in attendance for their interest in participating, and asked everyone to introduce themselves.

A. Discussion of Draft Trauma Rehabilitation Committee (TRC) Bylaws

Ms. Britt stated that the bylaws outline the governance of TRC members and the regulation of its affairs. She referred the Committee to the draft TRC bylaws and stated it was created based on the template used for the Board of Health, RTAB, and other SNHD committee bylaws. Ms. Britt suggested the Committee read through the bylaws as a group and open the discussion for edits, as necessary.

Article I: Purpose

Ms. Britt noted that the decision to name the committee the Trauma Rehabilitation Committee was made by the RTAB. She composed the verbiage relating to the Committee's purpose based upon the recommendations of the ACS. The Committee was in agreement to accept Article I as written.

Article II: TRC Liaison

Ms. Britt stated that recommendations from the TRC will be reported to the RTAB, TMAC and Office of EMS & Trauma System (OEMSTS). She explained that the Trauma Medical Audit Committee (TMAC) is a medical peer review committee that also meets on a quarterly basis. It is a closed meeting as allowed by NRS. The TMAC reports back to the RTAB, which in turn makes any policy recommendations to the OEMSTS. The TRC will also report findings or recommendations to the RTAB. The Committee was in agreement to accept Article II as written.

Article III: Members

Ms. Britt stated that the membership of the TRC was written very broadly and the Committee could add to the list or be more exclusionary, as they see fit. She explained there will be at least one ex-officio member who is an employee of the Health District whose duties relate to the administration and enforcement of the Clark County Trauma System Regulations. The ex-officio member is not counted in determining quorum and shall not have the power to make motions or vote. The term of membership is two years, beginning July 1st and ending June 30th of the second year. There are no term limits. Mr. Bailey questioned if the number of members was limited because he felt it was important to make sure the right stakeholders were at the table. Ms. Snavely commented she felt it was important to have representation from all three trauma centers in Clark County. Dr. Doddy added she would like to see adequate representation from hospitals and inpatient and outpatient rehabilitation programs. Ms. Britt responded that currently there is no limitation on the number of members. However, if the membership is disproportionate the voting rights may be limited to ensure fair representation. Ms. Britt stated that the OEMSTS sent a notification to all RTAB members, hospital CEOs, and a number of rehabilitation programs to try to encourage people to participate.

Linda Kalekas stated she is currently serving on the RTAB as the Injury Prevention Representative. She is a RN with the Clark County School District (CCSD). There are a tremendous number of brain injured children in the student population. She feels it is important to bring an educator of health and wellness promotion for grades K-12 to the table. Ms. Kalekas stated that although CCSD has profound restrictions dealing with research and minors in terms of data collection, they managed to put legislation in place to work with the State Health Division to collect data for the Statewide Obesity Coalition. As a result, they were able to obtain funding through the State to develop public safety announcements. If the TRC wants to be effective and use the data collected, they may want to look at taking a similar path in the future to get information about the injured pediatric population after they are released back into the community. There is information to be gleaned from the nurses

and teachers regarding cognitive abilities and/or disabilities after that traumatic injury.

Ms. Billingsley recommended that there be additional discussion of other potential members at the next meeting to allow the Committee time to elicit interest and appropriate representation. Ms. Britt encouraged those present to forward to the OEMSTS the names of organizations or individuals that should be invited to the next meeting.

Under Article III voting rights were discussed. Each standing member shall have one vote and their alternate may cast a vote in their absence. A seat will be declared vacant if the standing member or their alternate is absent for any reason for more than three regularly scheduled meetings in a calendar year. Ms. Britt noted that in the past, alternates for the standing committee members have been assigned by the OEMSTS. However, it was recognized that allowing a member to designate an alternate is beneficial because the member is more likely to communicate with the chosen alternate on a regular basis. That, in turn, increases the likelihood the alternate is better informed on the issues. If the member does not choose to select their own alternate the Health District can provide some recommendations. Ms. Britt reviewed the sections related to the members serving without compensation and the need for members to disclose any conflicts of interest.

Article IV: Officers

The process for selecting officers was discussed and the language was accepted as written.

Article V: Meetings

Meetings will be held quarterly or more or less frequently as determined by the RTAB or the TRC. Those present decided the quarterly meetings will be held on the second Thursday of the month at 9:00 AM beginning in July. A simple majority of the voting members will constitute a quorum.

The remaining articles related to parliamentary process, Nevada Open Meeting Law requirements, minutes, motions, and amendments were discussed and the language was accepted as written.

A motion was made by Linn Billingsley to approve the Trauma Rehabilitation Committee Bylaws, with the exception of Article III, Section 1. The motion was seconded and passed unanimously by the Committee.

B. Election of Chair and Vice Chair

A motion was made by Elizabeth Snavely to nominate Karyn Doddy as Chairperson of the Trauma Rehabilitation Committee. The motion was seconded and passed unanimously by the Committee.

A motion was made by Linn Billingsley to nominate Craig Bailey as the Vice Chairperson of the Trauma Rehabilitation Committee. The motion was seconded and passed unanimously by the Committee.

C. Discussion of Committee Goals and Objectives

Chairperson Doddy referred the Committee to an excerpt from the ACS Committee on Trauma - 2011 Clark County Trauma System Consultation Report. In the report the consultation team recommended the Committee review rehabilitation data for the purposes of outcomes assessment and performance improvement. She noted the importance of identifying what information is necessary and to set up avenues for the collection of that information. She expressed concern regarding the ability to obtain information about patient outcome following discharge from a trauma center into a rehabilitation facility and issues related to HIPAA. She also expressed that it would be valuable to identify patients that remain in a trauma center because of a lack of funding for rehabilitation services, as well as what their service needs were and outcome information.

Elizabeth Snavely indicated that UMC's biggest "unknown" in trauma is what happens when the patient leaves the rehabilitation facility. Over the years, they have been able to obtain information on the patients that expire, but obtaining functional outcome information for survivors is probably the weakest part of their data. There are a significant number of patients that don't have a funding source. These patients can't be released back to the community because they are not able to function

independently, so they remain at UMC. They have created inpatient areas that are dedicated to this subset of patients where they receive rehabilitation services but it is very costly. She indicated they have one patient who has been with them for two years. Ms. Snavely added the lack of funding and resources for these patients is a serious public health issue.

Mark Emele asked what data sources are currently available to answer the questions referred to in the ACS report. Ms. Britt replied that at this point we would need to collect it because the State Trauma Registry, a central repository for this type of information, has not been functional since 2007.

Ms. Snavely reported that the four trauma centers in the state are all very seasoned in collecting data. It has been reported that trauma patients at non-trauma facilities are slowly being captured as the State Health Division implements an electronic submission process at the non-trauma hospitals and the personnel are being educated on how to report their data. Unfortunately, in the last 6 years there has been no reporting of data. Ms. Snavely stated that she was told the funding for the project at the state level will end in 2014. The ACS visit identified the lack of data as a huge weakness in trauma system. That prompted the Nevada State Health Division to re-visit the issue. At this time, we do not have ready access to the data in the State Trauma Registry. Ms. Snavely noted the three trauma centers in Clark County have the data. They all use the same software and collect approximately 200 data points. She recommended limiting the data the Committee wants to look at so it doesn't become unmanageable. Ms. Billingsley suggested they try to follow the very specific recommendations made by the ACS. Dr. Doddy remarked that the members of the TRC should generate a list of the data points they think will be valuable.

Ms. Britt asked whether the rehabilitation facilities are required to report data to anyone, and if so, if there is a central repository. Dr. Doddy stated that JCAHO (Joint Commission on Accreditation of Healthcare Organizations) sets minimal reporting requirements for each rehabilitation facility to maintain accreditation, however there is no central repository. Mr. Emele suggested the Committee select four to six key data elements as recommended by the ACS, and vote on one or two that can be tackled by the TRC. Ms. Snavely pointed out that the members will need to agree on the definition of a trauma patient, the types of injuries, and other key metrics such as functional outcome measures. She suggested it be kept simple and based on one patient population to start. An important question to consider is what qualifies a patient for placement in a rehabilitation facility. One possibility is to use the Functional Independence Measure (FIM) scale which assesses physical and cognitive disability at time of discharge from the trauma center. Mr. Emele stated they could pair up the Injury Severity Score with the FIM and the Rancho Los Amigos score to assess the levels of functioning. He again suggested the members all bring a list of key data elements for discussion at the next meeting.

The TRC reviewed the list of the six recommendations taken from the ACS excerpt. Ms. Billingsley noted the importance of defining an inpatient rehabilitation facility, and asked if that would include a skilled nursing facility. The Committee discussed that there will be challenges in defining certain broad categories of injuries. For example, there are hundreds of codes for traumatic brain injuries (TBIs). Mr. Bailey noted that there has been an increase in the number of TBIs within the managed care system. The rehabilitation facilities are being utilized as an alternative to short term acute hospital care, and they are facing challenges on how to manage these patients. He cited the importance of gathering that data as well. Stacy Johnson stated that many patients that need rehabilitation don't have the opportunity to go to a rehabilitation facility. She questioned if those patients will be included in the data collection. Ms. Snavely suggested they focus primarily on the patients that are transferred from a trauma center to a rehabilitation facility, and then look at their outcomes. Dr. Rodriquez recommended that everyone bring what they feel is their most pertinent dataset to the next meeting and the Committee can examine how the datasets fit together.

After much discussion, the Committee agreed that the trauma centers will bring their discharge disposition data and the rehabilitation facilities will bring their admission data from the trauma centers. The data collection period will be for calendar year 2011. Mr. Emele suggested that the

data be distributed to the group one week prior to the meeting so the members can be ready for discussion. Everyone agreed to submit their data to Michelle Nath by July 1st so it can be sent to the members by July 5th. The next meeting is scheduled for July 12th.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Dr. Doddy called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 9:27 a.m.