

State Trauma Advisory Board Meeting Agenda

Date: November 17, 2023

Time:

10:30 a.m. Open

Location:

This meeting will be held at CHI Good Samaritan Hospital 10 East 31st Street, Kearney, NE, Second Floor Board Rooms D/E/F.

For Information Contact:

Tonja Bohling
(402) 471-8129 or
DHHS.EMSTraumaprogram@nebraska.gov

All items known at the time of distribution of this agenda are listed. A current agenda is available at the Department of Health and Human Services, Division of Public Health Office of Emergency Health Systems. If auxiliary aids or reasonable accommodations are needed for attendance at a meeting, please call Tonja Bohling at (402) 471-8129 (voice), or for persons who are deaf or hard of hearing, please call the Nebraska Relay System at 711 (TDD), prior to the meeting date. Advance notice of seven days is needed when requesting an interpreter.

2023 Board Meeting Dates:

Note: Dates are subject to change

- 1) Call to order, Roll Call and Declaration of a Quorum
 - a. **Announcement: "This is a public meeting, and the open meetings law is posted."**
- 2) Adoption of Agenda – November 17, 2023
- 3) Approval of Minutes – August 18, 2023
- 4) Office of Emergency Health System
 - a. EMS Program (Jorgensen)
 - b. Education & Training Agency Compliance (Snodgrass)
 - c. Emergency Medical Services for Children (Kuhn)
 - d. Critical Incident Stress Management (Kuhn)
 - e. Trauma System (Wren)
 - f. Stroke/STEMI System (Neumiller/T. Wilson)
 - g. EHS Data Systems (Steele/T. Wilson)
- 5) Committee Updates
 - a. Region 1 Committee – Dr. Kuncir/Katie Pierce
 - b. Region 2 Committee – Dr. McCann/Mackenzie Gasper
 - c. Region 3 Committee – Dr. Sorrell/Renae Jacobson
 - d. Region 4 Committee – Dr. Hughes/Susan Wilson
 - e. Data/QA Committee (Coddington)
 - f. Designation Committee (Saxton)
 - i. 2022 Trauma Regulations/Standards Clarification Document
 - ii. 2023 Chart Review Template
 - iii. Qualifications for Nurse Reviewers from Basic Centers (Discussion)
 - iv. Education Log
 - g. Financials to Support Improvement Committee (Pierce/Coddington/Lee)
 - h. Quality Trauma Care Matrix Committee (Harmon/Spohr/Dr. Sorrell)
 - i. Trauma Information Highway Committee (Jacobson/Gasper/Walters/Bokelman)
 - j. Legislation Outreach Committee (Dr. Hughes/Dr. Cantrell/Saxton/Dr. Bauman/Dr. Kuncir/Dr. Voigt)
 - k. Statewide Education Committee (Dr. Hanna/Kirchner)
- 6) Trauma Program Updates (Wren/T. Wilson)
- 7) Statewide Trauma System Medical Director (Dr. Bauman)
- 8) TQIP Collaborative (Schoch/Wren/Saxton/Gasper/Pierce)
- 9) DHHS Block Grant Funding – COVID Grant Funding (Wren)
- 10) Future Board Meeting Dates and Places
- 11) Public Comment

JOIN THE ZOOM MEETING

Join Zoom Meeting
<https://us06web.zoom.us/j/82441535260?pwd=NTZtalJvc25pNmQ0bkJzcHdkTkRkUT09>

Meeting ID: 824 4153 5260
Passcode: 989076

If you are unable to join by computer audio, please dial in:
312-626-6799, same meeting ID and passcode as above

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

Friday, August 18, 2023

CALL TO ORDER

The meeting of the State Trauma Advisory Board was called to order by Dr. Emily Cantrell, Board Chairperson, at 10:30am, on Friday, August 18, 2023. 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 08/10/2023. Sandra Kirchner announced the location of an available copy of the Open Meetings Act within the room.

ROLL CALL

The following board members were present to answer roll call:

- | | |
|----------------------|--------------------|
| • Dr. Zachary Bauman | • Sandra Kirchner |
| • Dr. Emily Cantrell | • Dr. Eric Kuncir |
| • Dr. Chad Duval | • Jessica Lee |
| • Mackenzie Gasper | • Katie Pierce |
| • Dr. Angela Hanna | • Karen Saxton |
| • Marcia Harmon | • Dr. Alesha Scott |
| • Dr. Rommie Hughes | • Dr. David Voigt |
| • Renae Jacobson | • Mindy Walters |
| • Kyle Kellum | • Susan Wilson |

The following Board members were absent during roll call: Mike Bailey, Tami Bokelman, Jill Coddington, Shana Romero, Dr. Tom Sorrell, Lori Terryberry-Spohr, and Ben Tysor.

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

- | | |
|-------------------|----------------------------------|
| • Tonja Bohling | • Sharon Steele |
| • Carol Jorgensen | • Tim Wilson |
| • Bruce Meier | • Sherri Wren |
| • Andrew Ngochoch | • Suzanna Glover (DHHS Attorney) |

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Bauman made the motion, seconded by Lee, to adopt the agenda for the August 18, 2023 State Trauma Advisory Board meeting.

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

APPROVAL OF THE MINUTES

These minutes have not been approved by
the State Trauma Advisory Board and may
be subject to change before becoming final.

MOTION: Bauman made the motion, seconded by Gasper, to approve the minutes of the April 17, 2023 meeting.

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

AGENDA ITEM: Office of Emergency Health Systems Program Updates

All OEHS Program updates were provided in the handouts. Carol Jorgensen added Bruce Meier has been hired as the Western Region EMS Specialist. He is going through orientation/training and is located out of the Scottsbluff Office. He is on the call today. Dr. Cantrell welcomed Bruce. Jorgensen will be sending out information today or Monday to the hospital contacts.

AGENDA ITEM: Committee Updates

- a) Region 1 – Katie Pierce gave an update. The Omaha Area Trauma Symposium will be held September 15, 2023. Registration links for both events were sent out by Sherri. Dr. Kuncir added at the end of the symposium on the second day, there will be the Nebraska Committee on Trauma (COT) meeting with the resident paper competition.
- b) Region 2 – Makenzie Gasper gave an update. Region 2 will have their Trauma Symposium on September 8, 2023 at the Nebraska Innovation Campus. This is an in-person event.
- c) Region 3 – Renae Jacobson gave an update. There were about six facilities that got designated or will have visits this year. There are no visits/designations scheduled in 2024. Three Rural Trauma Team Development Course (RTTDC) were held this year. This is short of their goal. The Emergency Services and Trauma Conference will be held on October 20, 2023 in Kearney.
- d) Region 4 – Susan Wilson gave an update. There will be an ATLS course in October.
- e) Data/QA Committee – Mindy Walters gave the update. Meetings are scheduled from 10-11 a.m. on the second Monday of each month. The next one is on September 11, 2023. There is a network meeting next Tuesday. The topic will be Injury Prevention and how to use your data from your own data registry to plan out your injury prevention program. Presenters will be Mindy Walters, Mackenzie Gasper, and Tracy, the injury prevention coordinator from Kearney. Andrew has made updates on all the changes that were requested in ImageTrend. She thanked Mackenzie Gasper for working with the administrative parts of ImageTrend to get them updated and Mason Holmes for his help with the Agency and EMS links between EMS Elite System and the Trauma Registry. Once Andrew gets approval to share the data from the state reports, testing of the data will start. Within the next 30-60 days the committee will drill down these reports and utilize the information to recognize some of the trends. Any special requests of reports should be directed to this Committee. Walters asked Wren to comment on changes that Jill Coddington would like to submit to the Data Dictionary based on the new National Trauma Data Bank (NTDB) requirements. Wren said she looked at these changes. Some proposed changes will not go into effect until 2025 and she deferred the question of making changes that won't go into effect until 2025 to Suzanna Glover, DHHS Attorney. Glover said the changes for 2025 cannot be made. The only changes that can be made are for the 2024 calendar year. Saxton suggested a cycle be developed to continually make the updates and adopt the NTDB stuff into our Data Dictionary as there is no reason to keep two separate data elements. Walters brought forward the following regulation changes: the inclusion criteria (i.e., asphyxiation codes need updated), initial height and weight had description changes, ED airway management and ED imaging diagnostics sections need altered, and the advanced directive description has changed. The definitions need to be updated, the data itself does not need changed. No elements are added or removed. There are no new definitions for 2024, but in 2025 there are multiple new elements. In the previous discussion, per Suzanna Glover, DHHS Attorney, changes cannot be made that go into effect two years out. Changes can only be made for the upcoming calendar year. Sherri said the Committee needs to send any revisions for 2024 to her

ASAP as the Department is working on revisions now due to Statute change made earlier this year. They can also start working on a draft of changes for 2025, but those won't be able to be moved forward until the following year. Discussion was held on adopting NTDB requirements. Wren will bring this up to T. Wilson to see if it can be proposed to Legal. Walters volunteered to be on the call to T. Wilson. Educating hospital staff about entering data into the Data Dictionary correctly was discussed. Networking meetings will focus on this now that Andrew has all the updates complete.

11:00 a.m. *Jill Coddington joined the meeting.*

11:05 a.m. *Tim Wilson joined the meeting.*

- f) Designation Committee – Karen Saxton gave the update. The big push is preparing of the Annual Reviewers Meeting in line with the November Board meeting. She also said the Committee created a document to standardize the tools used for the reviewers, specifically starting with the physician reviewer template. They made recommendations to the peer review questionnaire. The clarification document was updated in May, 2023. They are also discussing developing a PI Tool Kit. She asked if documents could be uploaded to the state website as resources for Critical Access Hospitals? Sherri said the state supports uploading documents as resources on the state website. The documents just need to be sent to her so she can send them to Tim Wilson for review and upload. Renae Jacobson and Karen Saxton will get together in September to put together the education material for the annual reviewer event. The next Committee meeting and annual reviewer event will be a hybrid (in-person/virtual) meeting scheduled from 9:00 – 10:30 November 17, 2023 before the Trauma Board meeting. Sherri reminded the Committee to be careful of the number of Trauma Board members that attend this event so as not to have a quorum and it be deemed a public meeting and fall under the Public Meetings Act requirements. Jacobson asked if Wren could send a list of all the reviewers and those in training so they can keep track of numbers.
- g) Financials to Support Improvement Committee – Katie Pierce reported. She asked for clarification from the Board on the State of the Trauma System Report with financial data to support finding what kind of financial need there is for the Trauma Program included. The request for data information has been slow to get. Sherri suggested using the State Data Request Form for getting data from the State and for financial information the request can be made to Tim Wilson. T. Wilson will address, during the budget update, and answer questions brought up regarding financial and data information and give more direction to this committee on what the next steps are. Lee and Pierce will follow up with Tim for answers to any question they have.
- h) Quality Trauma Care Matrix Committee – Marcia Harmon gave the update. Not a lot done on this committee. The committee goals are to start with a survey with TNCs and/or administrators to see what they think the disparities are and where to focus efforts. Another goal is to push for accredited facilities by setting small goals to increase numbers. The Committee would like to talk to formerly designated facilities to see why they did not redesignate and what the barriers are for non-accredited facilities to get back on designation.
- i) Trauma Information Highway Committee – Renae Jacobson reported for this group. She mentioned the Committee has not met yet as several members are also on the Data/QA Committee, and they are waiting on the QA/QI meeting and getting the Trauma Registry changes done. Once this is done, this Committee will work on getting things on the website, talking about a data report for the state, and figure out how education rolled out, etc. It was suggested others on this committee join the QA/QI Committee.
- j) Legislation Outreach Committee – Dr. Kuncir reported. Senator Decay was identified as a Senator Sponsor. Helmet Law Repeal, funding of the Trauma System, improving education, Medicare reimbursement for violence prevention are top priorities to bring to the Senator's attention. To move forward two things are needed. 1) A document that states what the Trauma System currently funds and what is done with that money. 2) Data from the Nebraska Trauma System so future goals can be identified based on data and outcomes. This depends on the

reporting out of the Data Committee. They also identified that the state does not have an epidemiologist assigned to the Trauma Program. This would be another priority - to hire an epidemiologist to work on Trauma.

- k) Statewide Education Committee – Dr. Hanna reported this committee did not meet, however they put together the following education ideas: 1) Arrange for quarterly statewide meetings via zoom for case reviews with input from all hospitals. 2) Establish 1-2 prevention goals for state and all trauma-verified hospitals promoting prevention for a year based on data collection. 3) Include EMS in education in the case reviews, the symposium, etc. have standardized goals, follow-up, and feedback tools for their team. 4) To have a Statewide Trauma Symposium in two or three years, where all regional symposiums come together for the state symposium. 5) Develop statewide basic practice management guidelines for trauma. Dr. Hanna suggested for the quarterly meeting, if they could get a list of emails for the trauma program managers for all the hospitals, then they could send out a quarterly invite and rotate assigning who presents some cases. Jacobson suggested the Quality Trauma Care Matrix Committee and Education Committee work together. The Education Committee will plan for the first case review sometime this fall, so will need to get the contact information for all critical access hospitals and trauma centers. Department Legal, Suzanna Glover suggested, to de-identify information, cases should be run through the legal department of the hospital that is bringing the cases forward for review.

AGENDA ITEM: Committees Discussion

Tim Wilson reminded everyone the regional committees (Region 1-4 Committees) are now in statute and they need to be meeting to meet the statutory obligation. The committees are no longer regional boards, and therefore are not under quorum rules. However, committees need to be diligent in adhering to the Trauma Board quorum regulations and don't meet a Trauma Board quorum.

AGENDA ITEM: Budget Update

Tim Wilson gave an update on financials. The Department Director has received permission to move forward with discussions regarding an increase to Fifty Cents for Life from both the Governor's Office and the Department CEO. T. Wilson will start getting information together and sending it out. He will share financials with the Board once he has them and then discussion can be held at a Board meeting.

AGENDA ITEM: Trauma Statute & Trauma Regulations Revisions

Tim Wilson gave an update on the Trauma regulations and statutes. He reminded committees are now in statute and will need to be meeting on a regular basis. Trauma regulations are open for revision. T. Wilson would like to have a group, possibly the Legislative Outreach Committee, work with the OEHS on trauma regulation updates. Cantrell commented the Legislative Committee will help with this. With the statutory changes in the trauma regulations only one section was identified for removal from the regulations. This is the time, because they are open, recommendations can be made to regulations, so anything seen in the reviews that needs clarification, this is the time to get these things clarified in regulations. There was a question in the chat asking when does the window open/close to make changes to regulations. Regulations need to be completed within a year if there is a statutory change. He brought up the discussion of using the NTDB data dictionary. He has had some preliminary discussions with Teresa, so she is aware of the interest in using the NTDB. He thinks this may be a viable option but will have to have a supplemental portion.

AGENDA ITEM: Data RFP & Data/Annual Report

Tim Wilson gave the update. The revisions are finished and is being prepared to go to Department of Administrative Services (DAS) for an expedited review next week. This should be back in 10 business days and will be posted. A contract should be in place by end of 2023 and transition can begin January 1, 2024. The data & annual report has been on the back burner due to priority issues.

AGENDA ITEM: EHS Program Evaluation

T. Wilson gave the update. There is PHHS funding that goes into effect in October. An evaluation of the Office of Emergency Health Systems will be done. The evaluation will look at the following: 1) how the OEHS operates internally; 2) how efficiencies are between programs; 3) staffing levels and if they are adequate or if there are needs; 4) needs of the individual boards. This will not be completed in time to present for the next legislative session.

11:45 a.m. *Tim Wilson left the meeting.*

AGENDA ITEM: Trauma Program Updates

Sherri Wren welcomed Kyle Kellum to the Board as the Hospital Administrator Representative. We have applications for the Region 1 (this should be Region 2 as corrected later in the meeting) Trauma Medical Director and the APP Level 3 or 4, and the paperwork is in process for those. An appointment is rotating off. The EMS Agency Representative, Ben Tysor, has expired and this position will be posted. The program was granted \$60,000 for the Preventative Health Block Grant. This will be in effect October 1, 2023 through September 30, 2024. This will be used for specialty level classes registration reimbursement, focusing on injury prevention, leadership and management, the annual Trauma Nurse Conference, and for the TQIP license. There has been discussion regarding kinds of classes that may be funded. Looking at bringing in speakers for webinars and focusing on registry training in addition to AIS 15 registry training. Designations are continuing to move forward. The program is continuing to grow. She thanked Dr. Hughes for coming in person to the last Trauma Nurse Conference the conference. Questions from feedback were: 1) do we need to move it in the future; and 2) do we need to look to doing a webinar or training of some kind for new trauma medical directors? It was noted there has been a drop in physician engagement.

AGENDA ITEM: Statewide Trauma System Medical Director Update

Dr. Bauman gave updates. He encouraged participation in symposiums, conferences, etc. Nebraska is up for a three-year review by the American College of Surgeons. One of the recommendations from the ACS is that the state has a plan for the reimplantation of extremities, specifically hands. For levels 1 & 2, ACS verified centers need to have a plan on where these patients will be handled – will they be transferred out or handled at your institution. Bauman will reach out to Level 1 & 2 hospitals regarding what their capabilities are regarding reimplantation, specifically hand, reimplantation.

AGENDA ITEM: TQIP Collaborative Update

Saxton gave an update (see Agenda packet). Diane Schoch leads this committee, and it is comprised of every TQIP reporting organization in the state. She went through the high-level statistics. Pierce presented areas of improvement, specifically for Elderly Blunt Multisystem with Mortality, and a drill down exercise. The driller tool was provided by ACS. The results left the committee with more questions about risk adjustment and questions regarding withdrawal of care. The shock patient data will be ready for the next meeting. Saxton commented the number of patients looked at will be expanded for the shock patient data. Walters asked for a copy of the full report. Pierce responded she will share the google folder with Walters.

AGENDA ITEM: Public Comments

Sherri corrected her earlier statement of “Region 1 Trauma Medical Director applications” to the “Region 2 Trauma Medical Director applications”.

CONCLUSION AND ADJOURNMENT

Dr. Cantrell reminded the Board the next meeting is an in-person meeting in Kearney on Friday, November 17, 2023. There being no further business, the meeting adjourned at 12:16 p.m. by Dr. Cantrell.

Respectfully submitted,

Tonja Bohling
OEHS Administrative Technician



Attachment A

Trauma Board Meeting, November 17, 2023 Office of Emergency Health Systems Reports

a) EMS Program (Jorgensen)

- The EMS Program has made 504 individual EMS contacts in January, 491 in February, 566 in March, 373 in April, 356 in May, 351 in June, 388 in July, and 519 in August, 301 in September, 435 in October for a total of 4,284 individual contacts in 2023. (Count does not include others assisted such as hospitals, EMS training agencies, etc.) These individual contacts are largely due to their need for technical assistance.
- The number of licensed EMS services are below:

| | |
|-----------|-----|
| Western | 67 |
| Central | 103 |
| Northeast | 119 |
| Southeast | 130 |
| Total | 419 |

- EMS service periodic inspections are continuing across the state. We have also done some initial inspections of a few services that are changing license levels or changing ownership.
- We have hired Bruce Meier as the new Western Region EMS Specialist. He has an office in the DHHS office building in Scottsbluff. We are excited to have Bruce part of the EMS Program.
- As part of the Nebraska EMS statewide assessment, EMS listening sessions were held in October by SafeTech Solutions. Two in-person listening sessions were held in each of the four EMS regions. SafeTech Solutions is hopeful to have a report to the Office of Emergency Health Systems some time in December 2023. Thank you to all that completed the surveys or attended a listening session.
- A Telehealth in EMS Demonstration Project is going to begin in Nebraska. A few services will be participating in a one-year project. AVEL e-Care is the company that will be installing equipment in the back of ambulances and conducting training for those services. We look forward to getting this started and to collect data to quantify the benefits of an EMS telehealth system in Nebraska.
- PHHS Block Grant: Funding cycle began on 10-1-2023 and goes through 9-30-2024: Approved for \$30,000 to fund a community paramedicine instructor course and community paramedicine provider level courses.

b) Education and Training Agency Compliance (Snodgrass)

- All agreements are in place for the six sites for the simulation project. Five sites have started and/or have finished installation.
- The four training agency inspections scheduled for this year have been completed.
- Working with the EMSC program to host pediatric education for EMS providers. Training will be provided online and in person covering safe transport of children with the Pedi-Mate, obtaining basic vital signs/assessment, and the Handtevy provider course.

- Starting work on the EMS pre-course video. This will be an informational video outlining the commitment needed for an initial EMS course.
- Assisting training agencies and providers on the new regulation changes.
- Starting work on the 2024 monthly Zoom continuing education class schedule. I'm always looking for topics and presenters.

c) Emergency Medical Services for Children Program (Kuhn)

- The EMSC Program is moving forward with the Pediatric Readiness hospital recognition project. EMSC was asked to host a booth at the ENA conference in October. Diane, Becka and Sharron Lubbers provided information on the National Peds Readiness Project (NPRP), Trauma, Stroke & STEMI and CISM. Diane and Becka have agreed to leave Peds Readiness application packets with hospitals when they do their visits.
- The Midwest EMSC Committee is offering an EMS symposium on November 2, 2023 and November 9, 2023 for nursing staff with various speakers for both. CEU's for nurses will be provided through Minnesota Children's Hospital.
- EMSC is sending out a letter to services that indicated they had a Pediatric Champion on the ambulance assessment. The letter will provide directions for a 1-hour training on Spectrum Disorders-Autism. A Carter Kit will be provided to those services that complete the training.

d) Critical Incident Stress Management Program (Kuhn)

- CISM requests are up again this year. We are offering a Zoom class Group Intervention course as an alternative for the training. The training will be conducted over four days and 3.5 hours each day.
- The CISM Program continues to partner with UNMC – College of Nursing to develop, enhance and promote continuing education to nursing staff. Their grant aims are to enhance the support of hospital nurses and personnel who deal with crisis incidents that may have lasting psychological impact. UNMC – College of Nursing is providing continuing education credit for nurses, nurse practitioners, psychologists, and all social workers. The goal of this partnership is to increase hospital personnel as CISM members that would be willing to be available to respond to a request in hospitals to conduct an intervention session for those involved in crisis situations.
- The emergency response notification system has been active for a couple of months and seems to be working well. New badges have been made and distributed to team members.
- The 2023 Statewide CISM Conference was held in September with about 45 people in attendance. Discussion was held about moving the conference around the state instead of holding in Grand Island or Kearney.
- Nebraska CISM offered a program on PTSD vs Moral Injury on Zoom to all ambulance services and fire departments. About 100 people participated in the training.
- We are in the process of setting up the 2024 CISM training and are always in need of new members.

e) Trauma System Program (Wren)

- *Trauma Center Designations:*

- 52 Trauma Centers Designated
 - ❖ Designations:
 - Great Plains Regional, North Platte (General) – Region 3
 - Cherry County Hospital – Valentine (Basic) – Region 3
 - ❖ Pending:
 - Providence Medical Center, Wayne (Basic) – Region 1
 - Grand Island Regional, Grand Island (Basic) – Region 3
- *2023 Upcoming Trauma Center Designation Visits:*
 - Memorial Hospital, Pender (Basic) – Region 1
 - Phelps Memorial Health Center, Holdrege (Basic) – Region 3
 - Annie Jeffrey Memorial Medical Center, Osceola (Basic) – Region 2
 - Genoa Community Hospital, Genoa (Basic) – Region 1
- *Grants:*
 - Nebraska Preventive Health and Health Services Block Grant (PHHSBG) – New 2023-2024 Grant Award = \$60,000. The funds will be used for the trauma registry, prevention, and leadership training.
- *Trauma Advisory Board Vacancies:*
 - EMS Agency Professional (Urban) – One vacancy
 - Physician practicing in emergency medicine in rural level 3 or 4 – One vacancy
- *Request for Proposal:*
 - Trauma Registry Request for Proposals are pending.
- *Next Trauma Advisory Board Meeting:*
 - November 17, 2023 – CHI Good Samaritan, Kearney

f) Stroke/STEMI System Program (Neumiller)

- *Stroke:*
 - Having finished up the 2023 grant year, my program sent a total of 6 RN's and one Dr. to advanced level stroke training, created public education materials in English and Spanish, and ended with a very successful Telemundo campaign thanks to Dr. Marco Gonzalez.
 - For the 2024 grant year the State Stroke Taskforce will be working on 2–3-day stroke bootcamps around the state as well as concentrating on women's unique stroke presentations that can cause them to have delayed and missed diagnosis. The taskforce's goal is to equip women with the education they need to advocate for themselves and their loved ones.
 - The taskforce is still looking for individuals who would like to participate on their EMS, clinical and rehab committees if you are interested, please let me know.
- *STEMI:*
 - Actively working on recruiting additional agencies to CARES (Cardiac Arrest Registry to Enhance Survival). CARES has seen a recent surge in states participating since receiving grants this year from the CDC (\$23 million) and the Helmsley Charitable Trust (\$899,215). Nebraska is one of 33 states that currently participate, the goal is to expand to all 50.
- *Leona M. and Harry B. Helmsley Charitable Trust Law Enforcement AED grant:*
 - DHHS is entering into the final phase of the Helmsley Charitable Trust law enforcement (LE) AED grant. AS of 11/1 LE has used their AEDs 126 times prior to EMS arrival on scene with 14 known saves. (54 medical calls, 16 trauma, 2 drownings, 4 OD, 50 calls with no information).

- Nebraska, South Dakota, Montana along with The Helmsley Charitable Trust will be presenting the challenges and successes of this initiative at the Citizen CPR Cardiac Arrest Survival Summit at the end of November.

g) EHS Data Systems Program (Steele)

- Sharon Steele, Tim Wilson, and Mason Holmes completed the review of the validation rules for NEMSIS Version 3.5.0. Next steps will be to update the validation rules in the Nebraska Elite software and to continue moving forward with additional 3.5.0 updates for the Nebraska Elite software.
-
- The RFP is in the process of moving through approval steps within NE DHHS.
-
- Mason Holmes and Sharon Steele attended the National Association of State EMS Officials (NASEMSO) Meeting in Reno, Nevada. While at the NASEMSO Meeting, attendance at the Data Managers Council (DMC) occurred. Mason Holmes attended the NEMSIS Annual Meeting in Park City, Utah while Sharon Steele attended the NEMSIS Annual Meeting virtually.
-
- Sharon Steele, Mason Holmes, Tim Wilson, and Diane Schoch attended a training for Trauma Registry.
-
- Nebraska Motor Vehicle Crash (MVC) Performance Measure work has begun (see slide presentation).

Nebraska Emergency Health Systems

Nebraska Post Crash Care Performance Measures

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

NE Emergency Health Systems

January 27, 2022 Secretary Buttigieg released the **National Roadway Safety Strategy (NRSS)**. At the core of this strategy is a Department-wide adoption of the Safe System Approach, which focuses on five key objectives: safer people, safer roads, safer vehicles, safer speeds, and post-crash care.

Post-Crash Care: Enhance the survivability of crashes through expedient access to emergency medical care, while creating a safe working environment for vital first responders and preventing secondary crashes through robust traffic incident management practices.

NEBRASKA

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NE Emergency Health Systems

National Roadway Safety Strategy (NRSS)

“We must strive for zero roadway fatalities and severe injuries - no other number is acceptable.”

**- U.S. Secretary of Transportation,
Pete Buttigieg**

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NE Emergency Health Systems

National Roadway Safety Strategy (NRSS)

Targeted the National EMS Information System (NEMSIS) education and outreach campaigns, and enforcement.

1. Develop and implement an outreach plan for EMS personnel for on-scene safety and traffic incident training.
2. Advance Traffic Incident Management training and technologies targeted at improved responder and motorist safety.
3. Expand the use of and support for NEMSIS by funding applied research and data quality improvements.
4. Improve the delivery of EMS throughout the nation in collaboration with FICEMS and NEMSAC by focusing on shortening ambulance on-scene response times.

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NE Emergency Health Systems

Criteria Used to pull records Identifying Motor Vehicle Crash for Emergency Medical Services in Nebraska

- Used ICD 10 codes that reference a Motor Vehicle Crash (MVC) occurred for the Type of Injury recorded (eInjury.01)
- Used Values that indicated there was a patient recorded in the data element of Patient/Incident Disposition (eDisposition.12)
- Used values that indicated the response was a 911 call for Response Mode to Scene (eResponse.05)

NEBRASKA

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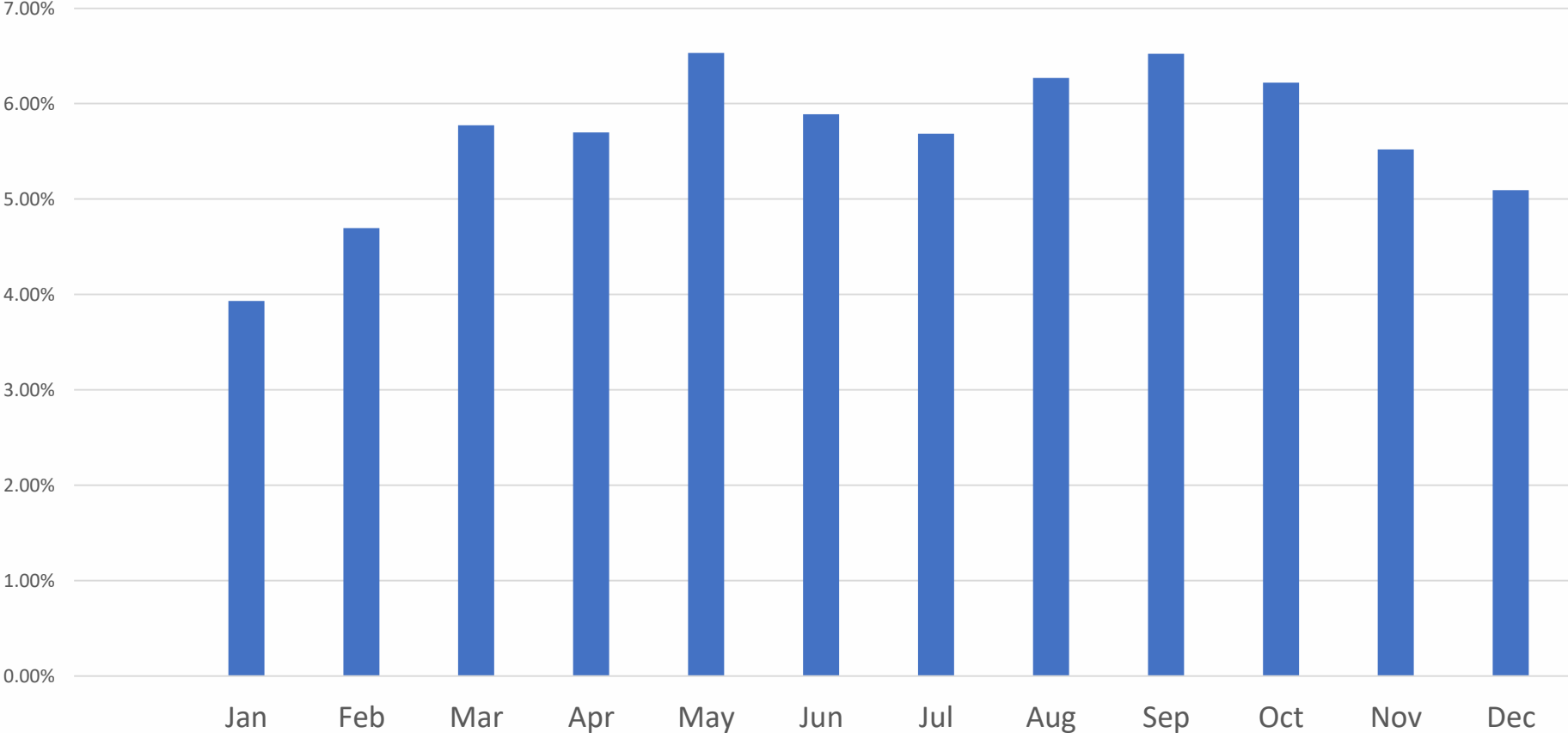
NE Emergency Health Systems

NE MVC/Patient Contact/911 Performance Measure –

MVC related injuries (eInjury.01=MVC) & 911 EMS Responses (eResponse.05=911 Response (Scene) & Patient Contact (Patient/Incident Disposition, eDisposition.12=indicates a patient was present) all 911 EMS Responses (eResponse.05=911 Response (Scene)) with Patient Contact (Patient/Incident Disposition, eDisposition.12=indicates a patient was present)

NE Emergency Health Systems

2022 MVC & 911 & Patient Contact Performance Measure
(MVC & 911 & Patient Contact / All 911 & Patient Contact)



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NE Emergency Health Systems

NE MVC Scene Time Performance Measure

The duration between Unit Arrived on Scene Date Time (eTimes.06) and Unit Left Scene Date Time (eTimes.09) (20 min or 10 min) & (# of MVC & 911 call & had a patient)
of MVC related injuries (eInjury.01 = MVC) & 911 Response (eResponse.05 = 911 Response (Scene)) & Patient Contact (Patient/Incident Disposition, eDisposition.12=indicates a patient was present)

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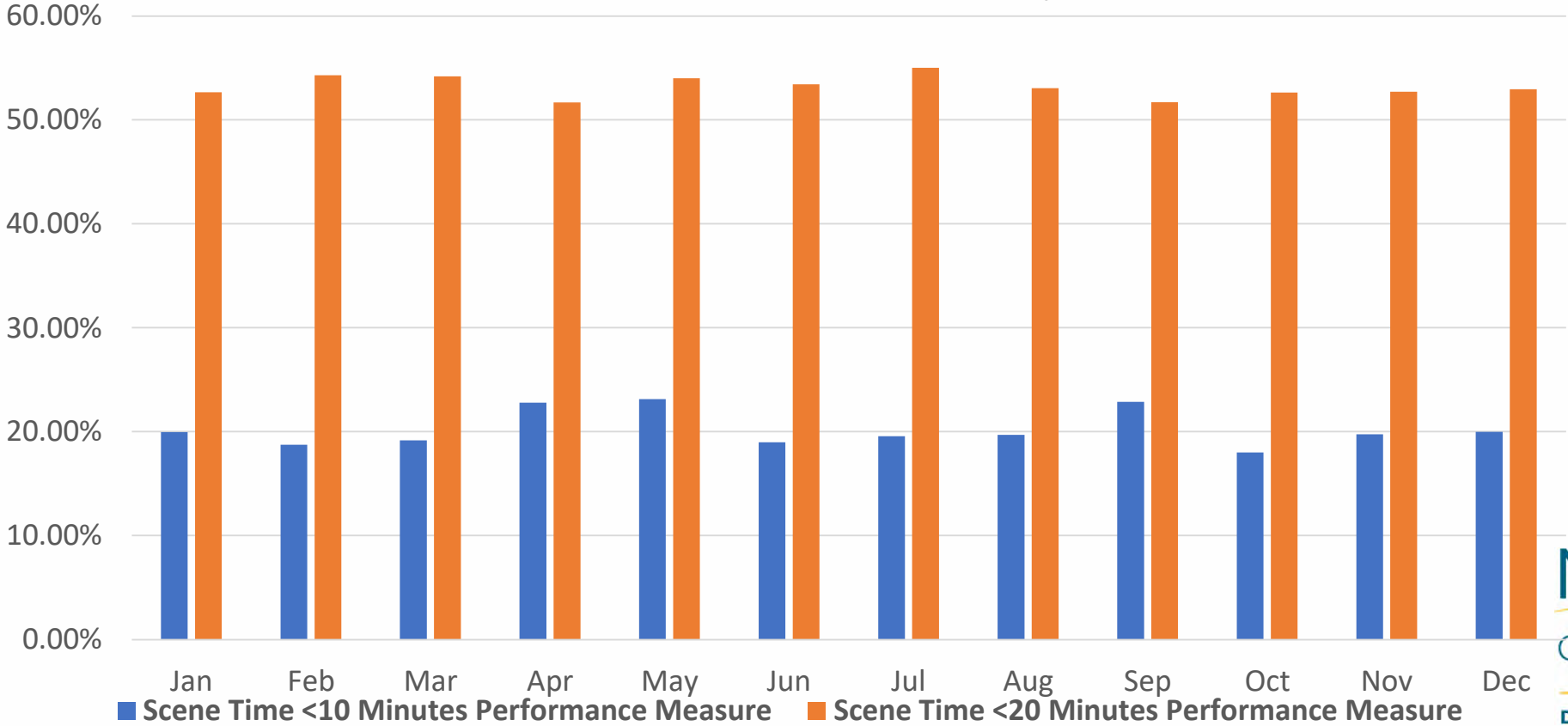
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2022 NE Scene Time Performance Measure

(Unit Left Scene-Unit Arrived on Scene) & (# of MVC & 911 call & Patient/
of MVC & 911 call & Patient)



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NE MVC Pain Scale Score Performance Measure

(MVC (eInjury.01 = MVC) and 911 request (eResponse.05) & Patient) & (Pain Scale Score documented (eVitals.27) during the encounter or Pertinent Negative Recorded) &

(Total Glasgow Coma Score (GCS) (eVitals.23) between 8 and 15 or Level of Responsiveness (AVPU) (eVitals.26) = Alert or verbal)

MVC (eInjury.01 = MVC) & 911 request (eResponse.05) & Patient & (Total Glasgow Coma Score (GCS) (eVitals.23) between 8 and 15 or Level of Responsiveness (AVPU) eVitals.26 = Alert or Verbal)

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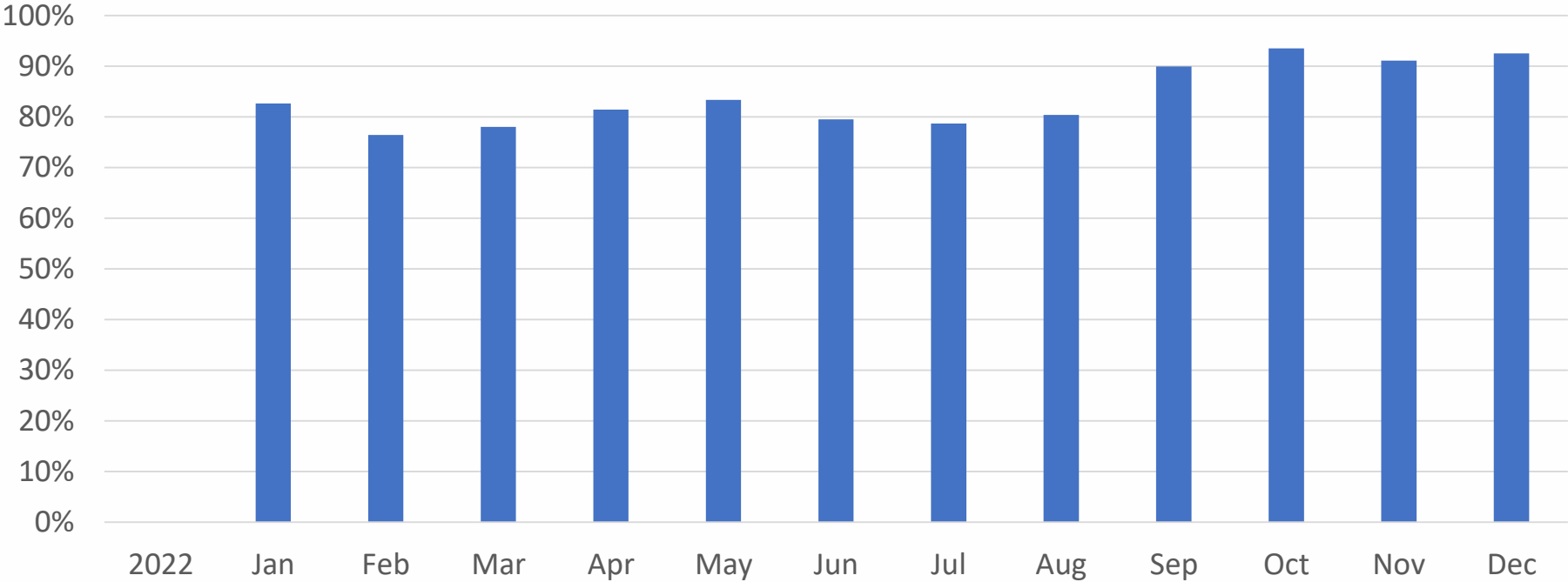
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2022 NE MVC Pain Scale Score Performance Measure
(Patient with Pain Scale Score Documented or Pertinent Negative Recorded) & (GCS between 8 - 15 or AVPU = Alert or Verbal) & (# of MVC & 911 call & Patient/
of MVC & 911 call & Patient & (GCS between 8 & 15



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NE MVC Trauma Activation Performance Measure

Trauma system activated (eDisposition.24 = Yes, Adult Trauma or Yes-Pediatric Trauma or Yes- Trauma (General)) & (Trauma Center Criteria (eInjury.03) or Vehicular, Pedestrian, or Other Injury Risk Factor (eInjury.04) recorded) & MVC & 911 & Patient

Trauma Center Criteria (eInjury.03) or Vehicular, Pedestrian, or Other Injury Risk Factor (eInjury.04) & (eInjury.01 = MVC records only) & 911 calls & patient

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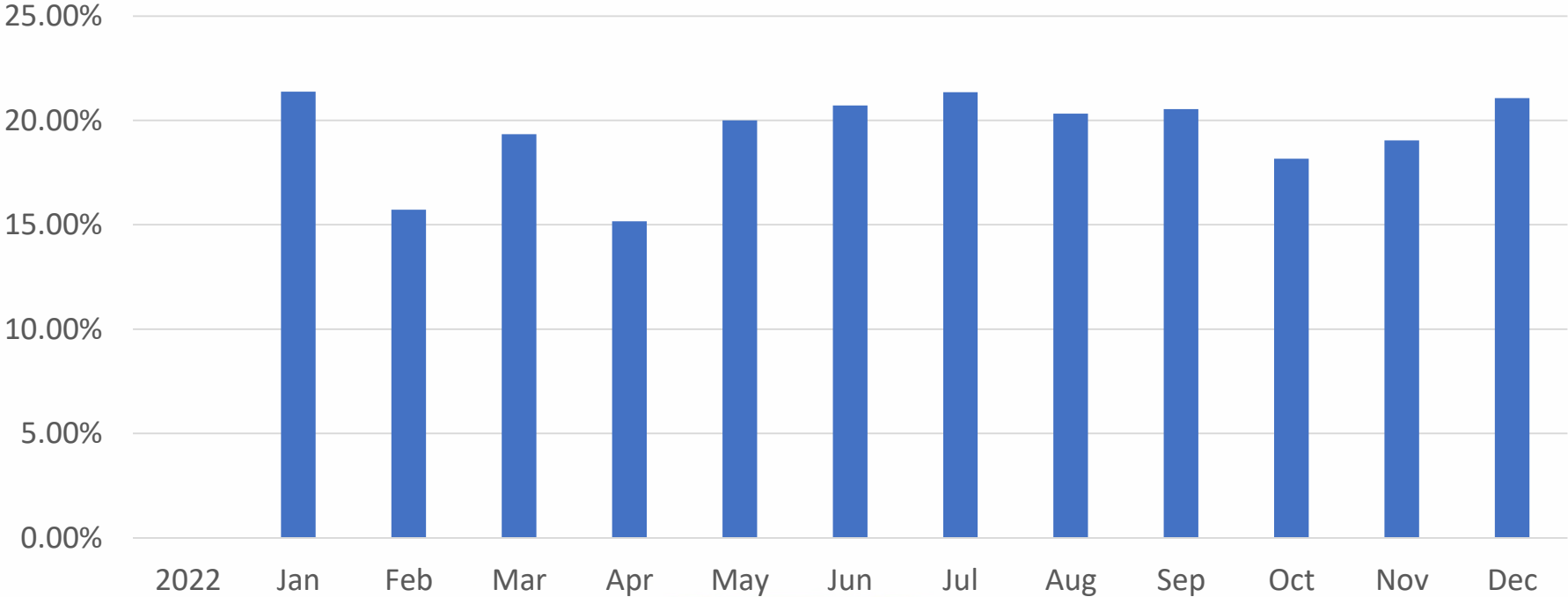
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2022 NE Trauma Activation Performance Measure
(Trauma Activation & Trauma Center Criteria or Injury Risk Factor (eInjury.04) recorded & MVC & 911 & Patient/
Trauma Center Criteria (eInjury.03) or Injury Risk Factor (eInjury.04) & MVC & 911 & Patient)



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3. TRAUMA NURSE REVIEWER

| | | |
|--|---|--|
| Applicant Name: | Karen Saxton | |
| Email Address: | ksaxton@nebraskamed.com | |
| License #: | 41425 | |
| Qualifications | General and Advanced Trauma Center Qualification | Basic Trauma Center Qualification |
| Registered Nurse with an unencumbered license and no current disciplinary action | Yes | Yes |
| At least two (2) years of trauma program staff experience at the general, advanced or comprehensive level trauma center and active involvement in trauma care | Yes | N/A |
| At least two (2) years of trauma program staff experience at the basic, general, advanced or comprehensive level trauma center and active involvement in trauma care | N/A | Yes |
| Current TNCC (provide copy of current certification) | ATCN 1/2022 Expires: 1/28/2026 | ATCN 1/2022 Expires: 1/28/2026 |

Hospital ABC
Case Reviews

Case Review

- Type of Chart
- ISS
- Injuries
- Brief Summary
 - Pre-hospital Care
 - ED Care
 - Hospital Care
- Hospital PI

- Reviewer's Comments:

2022 Trauma Regulations Clarification Document

| Category | Levels* | Issue | Clarification | Date |
|--|---------|---|---|-----------|
| Transfer plan | A,G,B | What is meant by written transfer plan? | <p>A written transfer plan is something in writing in the form of a hospital guideline, policy or written documentation that includes what types of patients the hospital transfers out and where they send those patients. The reviewer should see something in writing that says for example, Hospital A sends burn patients to the closest capable burn/burn trauma center. It's not a formal agreement or contract between the hospital and the receiving hospital.</p> <p>An example guideline can be found on: Statewide Trauma System of Care (ne.gov)</p> | 8/10/2022 |
| TMD Job Description | A,G,B | Is a trauma medical director job description required? | A trauma medical director job description is no longer required. | 8/10/2022 |
| General/Trauma Surgeon: Pediatric Admitting Privileges | A, G | Does the new regulations require general surgeons and/or trauma surgeons to have admitting privileges for pediatric patients? | The Dept. does not regulate admitting privilege and pediatric admitting privileges are not required. Admitting privileges is determined by the individual hospital. | 8/10/2022 |

| Category | Levels* | Issue | Clarification | Date |
|--------------------------------------|---------|---|--|-----------|
| Peer Review Attendance | A,G,B | Is it permissible to have an advanced practice provider (PA or APRN) attend peer review meetings in lieu of physician providers? | Physician providers, not advanced practice providers, are the required representatives to attend and participate in peer review meetings. While APP's can be included in these meetings, it will not meet the attendance requirement | 8/15/2022 |
| Education | | | | |
| Providers: ATLS CME Hours | A,G,B | Does ATLS count as the provider's 32 total hours (advanced) or 16 total hours (general, basic) of trauma CME or do they need an additional 32 or 16 hours (based on level) trauma CME in 4 years? | ATLS course does count towards the total 16 hours trauma CME in 4 years. This is met if the 2-day ATLS course is taken (16 hrs). The 1-day refresher course only counts for 5.5 CE's so additional CME hours will be needed to get to the required 16 hrs. | 8/10/2022 |
| Instructor Courses: ATLS, TNCC, ATCN | A,G,B | Can TNCC, ATCN, and/or ATLS instructor courses CE/CME hours count as trauma CE/CME hours? | Instructor courses will not count towards nursing trauma CE or provider trauma CME. These classes do not provide any clinical CE hours. | 8/10/2022 |
| TNCC/ATCN Instructors | A,G,B | Does TNCC Instructor count towards TNCC completion for ED RNs? | Yes, if the TNCC/ATCN instructor is in current status (if the ongoing teaching requirement is met) it counts as TNCC completion. This should be verified by facility. | 8/10/2022 |
| Pediatric CE: PALS, ENPC | A,G,B | How many CE hours from PALS and/or ENPC can count towards pediatric trauma education hours? | PALS = 2 hours; ENPC = 2 hours. If a person takes both classes each class will count as 2 hours of pediatric hours. | 8/10/2022 |
| Pediatric CE: TNCC, ATCN, TPATC | A,G,B | How many pediatrics CE hours are included in TNCC or ATCN? | TNCC = 2 hours; ATCN = 2 hours. If a person takes both classes each class will count as 2 hours of pediatric hours. TPATC = 1 hour (online) or 2 hours (in person) | 8/10/2022 |
| Pediatric CE: RTTDC | A,G,B | How many pediatrics CE hours are included in RTTDC? (RTTDC = Rural Trauma Team Development Course) | RTTDC = 1 hour (pediatric) | 5/17/2023 |
| ICU Nurse CE Requirements | A, G | Do ICU nurses need TNCC in addition to 16 hours/four years of trauma CE? | <ul style="list-style-type: none"> ICU nurses are not required to take TNCC. | 8/10/2022 |

| Category | Levels* | Issue | Clarification | Date |
|------------------------------------|---------|--|--|-----------|
| | | | <ul style="list-style-type: none"> ICU nurses need a total of 16 hour/four years trauma CE. therefore, if TNCC is taken by an ICU nurse those CE hours can count towards the total 16 hours of trauma CE. (**TNCC counts 2 hours peds. The ICU nurse would need 2 additional pediatric hours if TNCC is taken.) | |
| Nurse CE Requirements - Prorated | A,G,B | Are education hours prorated based on when the new trauma standards went into effect (5-17-2022)? | Required education hours are prorated ONLY for years of employment/date of hire in ED or ICU. Otherwise, ALL required education is due ON the date of the designation visit. | 5/17/2023 |
| TNCC Refresher & Challenger Course | A,G,B | Does TNCC challenge or refresher course count towards trauma CE hours? | Challenge TNCC Course = no CE hours; Refresher TNCC Course = 10 hours. ED RN: TNCC hours cannot count towards trauma CE hours. ICU RN: TNCC hours can be used for trauma CE hours. | 8/10/2022 |
| TNCC Equivalent | A,G,B | Does Transport Professional Advanced Trauma Course (TPATC) count toward TNCC requirement for ED nurses? | Yes, TPATC can count towards TNCC requirement for ED nurses. Additionally, ATCN can count towards TNCC requirement for ED nurses. | 8/10/2022 |
| Leave of Absence | A,G,B | If someone has returned from a leave of absence and a required certification is expired (ie ATLS or TNCC) – does that count as a deficiency? | Yes. The State 90-day corrective action plan process will be used to correct this deficiency. | 1/18/2023 |
| Locum Requirements | A,G,B | Are locum providers required to have the 16 or 32 hours of trauma CME? | Locums are not required to have required CE's. Each must be current in ATLS on day 1 of working in the ED | 1/18/2023 |
| RN Traveler Requirements | A,G,B | Are traveler RNs covering the ED or ICU required to have trauma CE? | Traveling Nurses are not required to have additional CEU's. Each must be current in TNCC/TNCC equivalent on day 1 of working in the ED | 1/18/2023 |

**A: Advanced, G: General, B: Basic