2013 SENATE HUMAN SERVICES

SB 2226

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2226
1/30/13
Job Number 17989

☐ Conference Committee

Committee Clerk Signature:

Explanation or reason for introduction of bill/resolution:

Relating to a medical director; and to provide an appropriation for the North Dakota trauma system.

Minutes: Attached testimony

Chairman J. Lee opened the hearing on SB 2226 and introduced the bill to the committee.

Tim Wiedrich, Section Chief of the Emergency Preparedness Response Section with the Department of Health, was neutral and provided a brief background on systems and where the department is currently at, per the request of Chairman J. Lee. (Meter 0:02:00)

Amy Eberle, trauma coordinator at a level II trauma center in Bismarck and current board member of the North Dakota Trauma Foundation, supported the bill. See attached testimony #1.

Sen. Anderson asked about the budget numbers and if the fulltime equivalent position was in addition to what we already have.

Ms. Eberle replied that it was. (Meter 0:20:00) She went on to explain funding for other positions.

Chairman J. Lee provided an example of an instance that was used when this was carried last session. There is a need to make everybody at every level know what is going on. (Meter 0:20:50)

Ms. Eberle replied that was correct and it stresses the importance of the new course, The Rural Trauma Team Development Course, they are trying to implement.

Lynnette Deardurff, Trauma Program Manager at Trinity Health in Minot, ND, testified in support of SB 2226. See attachment #2.

Sen. Larsen asked if she had statistics comparing ND's population to other state's population as to what the injury graph would look like.

Ms. Deardurff responded that she did not.

Sen. Larsen asked if she felt the lack of physicians in the west has more of a reflection on what's happening as compared to the certification of the trauma unit.

Ms. Deardurff responded that the lack of physicians in the state, especially in the rural areas, is definitely a problem. Funding the trauma system will help the whole process work together and educate and provide resources to everyone on what to do in these situations.

(Meter 0:31:36) Discussion continued that it is vitally important the people taking care of the trauma patients at all levels have the education and the resources needed to care for the patients.

Sen. Anderson had questions about the funding and if the increased amount was correct.

Ms. Deardurff responded it was.

Sen. Dever spoke about the factors that increase the population. He suggested that people who may have been bypassed and gone on to Mpls. might have been treated inadequately in smaller facility and wondered if that was correct.

Ms. Deardurff replied that trauma has always been there and it has increased because of all the population increases. They need to go to the closest facility to start the treatment process. It is very important that they are treated locally and then passed on to the level 2 trauma center that can give more definitive care.

(Meter 0:35:24) Discussion on the helicopter service - the air ambulances have become more vital in this system because there is so much trauma. They provide faster access to the facilities.

Sen. Axness said it was his understanding that there is not a Level I trauma center in ND and asked what it would take for ND to have a Level I trauma center. How far away are we from obtaining this?

Ms. Deardurff explained the difference between a Level I and a Level II. Someone from Sanford will address second part of questions.

Sen. Larsen asked if they are working with the EMT huts and mobile units in oil fields.

Ms. Deardurff said they are not currently under their umbrella. They are educated by the oil company stationing them there.

Chairman J. Lee asked if it should be required that they are included?

Ms. Deardurff responded that they have no real way of requiring them to be part of the system but would like a better alliance with them.

Mr. Wiedrich returned to the podium to answer questions. He said EMS entities are required to be licensed by the health department. (Meter 0:39:00)

Discussion continued that this is a systems approach. They need to take a look at if there are better ways to integrate those types of company provided emergency medical services into the system.

Tim Meyer, Co-Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee, testified in support of SB 2226. See attachment #3.

Jane Halvorson, representing Hillsboro Medical Center, a Level 5 trauma center, provided support for SB 2226. See attachment #4.

Sen. Dever wanted to know, if somebody needed services and it was beyond the ability of the Hillsboro Medical Center, if they were immediately directed to Fargo or Grand Forks.

Ms. Halvorson responded that they can directly transfer these patients from the scene.

Sen. Larsen asked for a walk through of how the trauma calls work.

Ms. Halvorson explained the process.

(Meter 0:46:52) Discussion followed on the training for volunteers on the ambulance crew. Ambulance service picks ups cost and ND has training grants. The hospitals also assist.

John Vastag, Health Policy Consortium, offered support for SB 2226. He presented testimony on behalf of **Rhonda Bugbee**. See attachment #5.

Steve Briggs, Trauma System at Sanford in Fargo, answered questions. He explained the difference between the Levels I and II. He talked about these designations as established by the American College of Surgeons Committee on Trauma. (Meter 0:51:45)
He pointed out that trauma centers are very urban and trauma care is defined within the setting of urban trauma care. In many aspects rural trauma care needs to be defined.

Level II centers are providing 24/7 coverage. Beyond that, 24/7 trauma surgeon access is next. ND needs 5-7 surgeons to meet the needs and it is very difficult trying to recruit trauma surgeons to ND.

He spoke about the new facility planned by Sanford and the role of Level I Trauma in it. Mr. Briggs explained they need the new facility to give them the space and resources needed for Level I Trauma and the process to get there.

Chairman J. Lee was interested in any observations Mr. Briggs had of various components that are funded.

(Meter 1:02:09) **Mr. Briggs** explained that ATLS is the core aspect of knowledge. He provided examples by going through each component of the system: contracted emergency medical services and trauma medical director, associated trauma coordinator, advanced

trauma life support training, development of the rural trauma team development course, trauma designation visits, state trauma registry, and full-time equivalent position.

Citizen **Ryan Anderson** testified in support of SB 2226. He provided a personal story of being a trauma victim. (Meter 1:09:15)

Courtney Koebele, ND Medical Association, offered strong support for SB 2226.

There were no further questions or testimony.

The hearing on SB 2226 was closed.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2226
2/5/13
Job Number 18318

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Relating to a medical director; and to provide an appropriation for the North Dakota trauma system.

Minutes:

Chairman J. Lee opened SB 2226 for committee work and reviewed the bill.

Sen. Larsen moved a **Do Pass and rerefer to Appropriations**.

Seconded by **Sen. Axness**.

Committee discussion showed strong support. It was pointed out that when this conversation was first initiated it probably predated the Bakken oil boom. The implications of this are greater now than ever.

Roll call vote 5-0-0. Motion carried. Carrier is Sen. Dever.

Date: 2/5/13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2226

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☑ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☑ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Larsen Seconded By Sen. Axness

Senators	Yes	No	Senator	Yes	No
Chariman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2226: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2226 was rereferred to the **Appropriations Committee**.

2013 SENATE APPROPRIATIONS

SB 2226

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2226
February 19, 2013
Job # 19213

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact section 23-01.2-04 of the North Dakota Century Code, relating to a medical director; and to provide an appropriation for the North Dakota trauma system.

Minutes: Testimony attached # 1-3

Legislative Council - Allen H. Knudson
OMB - Joe Morrissette
Chairman Holmberg opened the hearing on SB 2226. All committee members were present.

Amy Eberle -Trauma Coordinator, North Dakota Trauma Foundation
Testified in favor of SB 2226
Testimony attached **# 1**

V. Chairman Bowman - Says it was a touching story, but wonders when we reach the point where we have done the best that we can do to take care of the people that need it.

Eberle - Replies that it is based on the demographics they see currently. She says the $709,000 is what they feel would be adequate to sustain and enhance our system and it's hard to tell what will be needed in the future.

Senator Judy Lee, District 13
Bill Sponsor and speaks in favor of this bill. She wants to have good emergency services available. She said they have had remarkable cooperation from the major hospitals and they assisted in training making sure everyone is as prepared as can be but there is a point beyond which they can't do it all. She goes on to say this is dramatically important thing particularly with the kinds of accidents in the western part of the state.

Deb Syverson - Trauma Program Manager, North Dakota Trauma Foundation
Testified in favor of SB 2226
Testimony attached **# 2**

V. Chairman Bowman -Questions if there is continuing education. He feels this is taking things one step further.

Syverson - Replies they are giving better care. She gives examples of the new techniques they use today. They do require physicians to do or take care of critical trauma patients.

Senator Gary Lee - In the bill, it changes the may to shall for the medical director

Syverson - Says they definitely want to have a medical director that is involved in the state trauma system, as the system grows and patient volumes grow, the trauma medical director is the one person that can identify any issues. He's been involved for a year and a half. She says it is very important they have the State Medical Director.

Senator Kilzer - States you talked about the American College of Physicians. You're dependent on government funding, how much do you work with employers, WSI in preventing injuries. We seem to have a rapid rate of serious injuries. It's gotten worse in the work place. He asks how much of that they are working on.

Syverson - Replies that they try to do injury prevention projects.

Senator Kilzer - Said he's concerned about the work at the scene of the accident.

Syverson - Says at level two we have to do injury prevention but also level 4 and 5 have to do injury prevention. She said they try to identify where there are injury prevention needs based on the trauma registry.

Senator Kilzer - Says that's what the registry shows but what do you do about it.

Syverson - She states that is up to the local area to do that Injury prevention piece.

Senator Kilzer - States I've probably seen more injuries in the state over the last 50 years. He says he seriously questions the focus of a lot of things that is being done. The colleges of physicians are to be blamed too. I don't think we are reaching where our citizens would like to see.

Lynnette Deardurff - Trauma Program Manager, Trinity Health, Minot, ND
Testified in favor of SB 2226
Testimony attached **# 3**

Marcie Schulz - Director of Patient Care, Sakakawea Medical Center, Hazen, ND
Testified in favor of SB 2226
No written testimony.
She relates how this affects her. She relates she appreciates the care from level IV trauma center. She says they receive feed-back on what they could have done differently. She can't say enough about the trauma center in ND. She brings information back to her hospital. She said they want to provide education in the community and hospital. The information, and we as a committee, we look at how we can implement the information.

Close the hearing

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2226
February 21, 2013
Job # 19328

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact section 23-01.2-04 of the North Dakota Century Code, relating to a medical director; and to provide an appropriation for the North Dakota trauma system.

Minutes:

Chairman Holmberg opened the hearing on SB 2226 and said this is the trauma center issue.

Senator Robinson moved Do Pass on SB 2226.
Senator Krebsbach seconded the motion.

Discussion:

V.Chairman Grindberg: I was a little surprised by one of the individuals that testified and citing the example of CPR training. I thought there were a number of entities across the state that provided CPR training so I'm wondering if this is part of overall plan or is it an update from the interim committee? This one seems fragmented.

Senator Warner: It's obviously related to what they do, but that would be a pretty minor detail of what a trauma coordinator does.

Senator Carlisle: Senator Luick made a little comment about the $450,000 on the CPR funding. I agree with Senator Warner that it was a comment to the committee.

A roll call vote was taken. Yea: 12 Nay: 0 Absent: 1
The bill goes to Human Services and Senator Dever will carry the bill on the floor.

Date: 2-21-13

Roll Call Vote # 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2226

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken DP

Motion Made By Robinson Seconded By Krebsbach

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg	✓		Senator Tim Mathern		
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell	✓	
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner	✓	
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment N S Senator Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2226: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2226 was placed on the Eleventh order on the calendar.

2013 HOUSE HUMAN SERVICES

SB 2226

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2226
March 12, 2013
Job 19773

☐ Conference Committee

Kristi Hetzler

Explanation or reason for introduction of bill/resolution:

Relating to a medical director and provide and appropriation for the ND trauma system.

Minutes: *Testimony 1, 2*

Chairman Weisz: Opened the hearing on SB 2226.

Sen. Judy Lee: From District 13 introduced and testified in support of the bill. Good work has been done

Rep. Porter: 5:44 Last session we had a bill that was similar to this and we funded it. Is there a reason why it didn't make the budget again?

Sen. J. Lee: I don't know, we only partially funded the medical director last session. This is looking at additional expenditures in order to fully implement the plan.

Rep. Silbernagel: We would be contracting for the trauma director and would the associated trauma coordinator be a FTE of the Dept. of Health?

Sen. J. Lee: Deferred to others to answer the question.

Shelly Arnold: Director of Trauma Services in Bismarck testified in support of the bill. 8:30 (See Testimony #1)

18:45
Rep. Silbernagel: 18:45 Is the trauma registry is up and running currently?

Arnold: Correct.

Rep. Silbernagel: So this funding is not new funding?

Arnold: There are maintenance fees required for that registry every single year, that was only for the two years and that is why we are back.

Rep. Silbernagel: What pieces are totally new and what was here from prior years?

Arnold: The facility has been picking up the registry cost and that is what would be new.

Rep. Mooney: Does the money for the Emergency Medical Director include benefits?

Arnold: I believe it is a contracted amount for his time and to pay for his incurred expenses while doing activities for the State.

Rep. Mooney: Is the definition of full time 24/7?

Arnold: He would not be available to the State 24/7, however the increase would allow a lot more of his time for the State, right now it is only 20 hours per month. 22:23

Rep. Fehr: The oil producing communities says they have an issue finding people with temporary housing and so forth. Is there anything that will improve this issue?

Arnold: This bill does not assist in finding an injured person that would be more issues with 911 and the tracking of cell phones.

John Vastag: 24:03 In support of the bill. All six hospitals are seeking significant increases in trauma cases, not only in the numbers but the types of traumas. This needs a lot more funding then in previous years, it is a significant issue across the State.

Patrick Tracy: 26:35 Member of the ND Emergency Medical Services Association Advocacy Committee testified in support of the bill. (See Testimony #2)

Chairman Weisz: Closed hearing.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2226
March 25, 2013
Job #20426

☐ Conference Committee

Committee Clerk Signature Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Relating to a medical director and provide an appropriation for the ND trauma system.

Minutes:

Chairman Weisz: Let's look at SB 2226.

Vice-Chair Hofstad: I move a Do Pass on SB 2226.

Rep. Fehr: Second.

Vice-Chair Hofstad: This is finishing the process we started two sessions ago. Last year we passed on a lot of these issues, but this really is a rural health care bill. It puts our rural health care where we can get the same emergency care we get in a larger center.

Chairman Weisz: Did we fund $100,000 last session?

Rep. Porter: They have the breakdown in the language. The trauma course is budgeted at $75,000 and the state is currently paying $20,000. Site visits in the rural communities are $30,000 of the $77,000 cost. The only new one in here is the associate trauma coordinator which was fully cut out last time.

Chairman Weisz: The state trauma registry support; we left that burden to the hospital.

Rep. Laning: (Microphone off.) Is the hospital sharing any of the cost?

Chairman Weisz: It may depend on your perspective on what sharing in the cost is.

Rep. Laning: It is going to cost the stat $709,000?

Chairman Weisz: Right.

Rep. Porter: This does not cover 100% of the cost of the program.

Chairman Weisz: We are paying for the implementing the system, but not what they have to put in to make it work.

Rep. Porter: Correct.

Chairman Weisz: The clerk will call the roll for a Do Pass and re-referred to Appropriations.

ROLL CALL VOTE: 13 y 0 n 0 absent

MOTION CARRIED

Bill Carrier: Rep. Anderson

Date: 3-25-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2226

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☒ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Hofstad Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2226: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2226 was rereferred to the **Appropriations Committee**.

2013 HOUSE APPROPRIATIONS

SB 2226

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

SB 2226
4/2/13
Job 20774

☐ Conference Committee

Committee Clerk Signature Meredith Trachsel

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact section 23-01.2-04 of the North Dakota Century Code, relating to a medical director; and to provide an appropriation for the North Dakota trauma system.

Minutes: You may make reference to "attached testimony."

Rep. Robin Weisz, District 14: Introduced the bill.

02:55
Chairman Delzer: If they are passing them on already, what would make them not pass them on? They'd never lower their fees.

Rep. Weisz: I can't disagree with that. In the big picture, $709,000 is pretty minor with the hundreds of millions of dollars we spend on healthcare.

Chairman Delzer: Wasn't most of that trauma also based on how much we paid EMSs as far as helping them hire people?

Rep. Weisz: What we're looking at here is to coordinate the services, the training. None of this funding is going to add an EMS or a paramedic.

Chairman Delzer: Wasn't most of what this bill is doing, that was the essence of the whole push that told us we needed to hire people out for the EMSs. We're pretty much at that level now this biennium.

Rep. Weisz: The money we're spending in EMS was intended to take the burden off the volunteers; many of the services are finding it more difficult than ever to staff these 24/7.

Chairman Delzer: How long has it been since we looked at the overall EMS package as an interim study, how many agencies are still doing it, how many have quit? We went the first responder route for a long time, where are we at with that?

Rep. **Weisz**: We hired an outside firm that finished a study in 2009. We had the preliminary report when we wrapped up interim committees in 2010. They looked at radiuses for primary and secondary service areas. It's relatively recent.

06:15
Rep. **Sanford**: We have UND School of Medicine and the state health officer got a grant for four mobile training labs around the state beginning this fall. How does this coordinate with or relate to that?

Rep. **Weisz**: I don't think they are that closely related. To meet the national designations, for example, the training has to be done by a trauma physician, so they are coming out to these sites. It's strictly related to trauma and trauma care; there are certain criteria to meet that national certification that we are aspiring to. So it's not the same thing. A lot of this isn't necessarily training, per se, but the protocols and other things that have to be put in place. You have site visits, training visits, and it's their job to put this all together in one piece.

Chairman Delzer: The protocols must already be there.

Rep. **Weisz**: Those change over time as they learn more, and new and better ways of treating patients. You have to train individual physicians, individual EMS, the hospitals, you have to have buy-in on the protocols, and they have to be able to certify that the CAH (critical access hospital) is meeting those guidelines.

Rep. **Sanford**: My understanding was those labs would be staffed each by one of the four larger healthcare providers, so you would have that.

Chairman Delzer: Did you have any discussions about this at all? Apparently there is somebody contracted already, somewhere.

Rep. **Weisz**; Oftentimes now, one of their trauma surgeons is taking that day off to go out and visit Bowman or whatever hospital to do the site visit.

Chairman Delzer: How many of the CAHs are not tied up with a major hospital anymore?

Rep. **Weisz**: It doesn't matter if they are tied up or not; they are still a rural, critical access facility, and they don't meet the level 2 designation. The name on the building doesn't matter.

Chairman Delzer: But won't they want their people (e.g. Sanford) to do this training?

Rep. **Weisz**: No, they would be really happy if their $400/hour surgeon wasn't doing it. It's costing them thousands to send them out there.

Chairman Delzer: They aren't going to be really happy if somebody goes out there and tells them to send them to a competitor.

Rep. **Weisz**: The big six were all in front of us saying that this is an important bill from their standpoint.

11:35
Chairman Delzer: Let's go through the money.

Rep. **Weisz**: Went through the dollar amounts listed in the bill, beginning on line 18.

14:15
Rep. **Nelson**: Did you talk about the number of CAHs that are trauma 4s or 5s?

Rep. **Weisz**: All of them are. I do not have a list of which is which. The majors are level 2s.

Rep. **Nelson**: My understanding is that to reach trauma 4, the physicians in the facility have to be recertified on a regular basis. Is that what the associated trauma coordinator would do? Those services are provided now somewhere, but I don't know where.

Rep. **Weisz**: They are provided somewhere, generally by our level 2 trauma facilities, who go out to make sure our CAHs can maintain their certification. The coordinator's job would be responsible for the logistics and management of the trauma system.

Rep. **Nelson**: Was there anybody from the CAH community that visited about the consistency that's provided by the PPS hospitals now? It's not uncommon that a facility may have been certified by someone from Altru in the past, and now by Sanford.

Rep. **Weisz**: We did not receive any testimony that indicated there was an issue in that way. The biggest thing was, should we be asking those level 2s to perform all the services?

Rep. **Pollert**: Did the committee look at just giving the money to one of the big six as a grant, and forgo adding an FTE in the department of health?

Rep. **Weisz**: No, because it's not their role to do this. Someone has to coordinate this, and why would that be one of them? Which one of the big six would it be?

Rep. **Pollert**: So who is doing it now?

Rep. **Weisz**: Everyone is kicking in. We're already funding $50,000 for a part-time medical director, which is being supplemented by the level 2s. They are all chipping in and helping. If indeed we want a first-class trauma system, is it responsible for us to ask them to do it? Who should pay for it? The state says they want it, but then they say, you guys are responsible for providing it.

Chairman Delzer: In the end, most of them end up at the trauma 2 care center.

Rep. **Weisz**: Absolutely, if it's that level of care required, that's the whole point - to get them to that level 2 system still alive.

Rep. **Skarphol**: Some say doctors are not good administrators. What's more important here, being a doctor or being an administrator?

Rep. Weisz: I agree with you, and that's one of the reasons for this associated trauma coordinator. That is the one that will do the administration part. The medical director's job is to ensure that we're complying with the American College of Surgeons program so we stay certified.

Chairman Delzer: If we do it currently for $50,000, why do we need $183,000?

Rep. Weisz: We don't, I guess, we could make the level 2s pay like we're doing now. Right now they are all using their people to supplement the services of this position.

Chairman Delzer: If you did the coordinator, that should do most of the administrative side of the medical director's job.

Rep. Weisz: That would take care of the administration side, but it doesn't take care of the other side that the medical director is still in charge of as the lead trauma surgeon.

Chairman Delzer: They're obviously willing to do it now. There's a plus to all of these hospitals of having the CAHs trained up, too.

Rep. Weisz: I would agree they believe this is very important, and they have been footing the bill. My question, and the policy committee said, is that the right thing? To say we want this and we'll kick in a little bit, but because we know it's important to you, we know you guys will fund it. That's where our policy is currently at.

Chairman Delzer: They're not going to lower any of their fees.

Rep. Weisz: You aren't going to see a noticeable reduction over the hundreds of millions we spend on healthcare. So I'm not here to tell you their fees are going to go down. Will they not go up by $700,000 maybe? Probably. But you won't see the difference. Resumed going through dollar amounts in bill on line 20, minute 22:05.

31:35
Tammy Dolan, OMB: There was a $709,000 optional request in the health department budget for this purpose. It was ranked number 17 out of 31.

Chairman Delzer: How many of the OARs got funded?

Rep. Pollert: I think about 12, off the top of my head.

Chairman Delzer: Further questions? Thank you.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

SB 2226
4/10/13
Job 21063

☐ Conference Committee

Jocelyn Gallagher

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact section 23-01.2-04 of the North Dakota Century Code, relating to a medical director; and to provide an appropriation for the North Dakota trauma system.

Minutes:

Chairman Delzer called the committee to order and a quorum was declared. I have the amendments to HB 1015 that you can look at, but you need to return them to me because we don't have the bill.....

(04:15) We'll take up re-referred bills we have left with possible exception of 2344. Rep. Pollert, are you ready on 2226?

(04:37) Rep. Pollert: The amendments I have and the amendments up there are the same. I think they are number .01001, dated April 8 was distributed.

(05:50)
Chairman Delzer: This is the bill that deals with the trauma. We had some questions on where they needed to be on personnel, and the money is the issue.

(06:08)
Rep. Pollert: went over the amendment.

(09:10)
Rep. Pollert: I would move amendment 010001, seconded by Rep. Bellew.

Chairman Delzer: Discussion?

Rep. Nelson: I have in my notes money came from the Dept. of Health, is that a grant or is that in addition to the 100,000?

Rep. Pollert: I was told there was $50,000 there, contracted, yes not a FTE.

Chairman Delzer: What I got from the discussions was the $50,000 still exists so this would be 150 instead of 233.

Rep. Nelson: So $150,000 is the total number.

Chairman Delzer: We did not delve into where it came from, but they said it was still in the budget.

Chairman Delzer: Voice vote on motion to amend. Motion carries.

Chairman Delzer: We have the amended bill before us.

Rep. Pollert: I would move a do pass as amended to SB 2226.

Chairman Delzer: We have a motion for a do pass as amended, second by Rep. Bellew. Clerk will call role for do pass as amended on 2226.

19-3-0 motion carries , Rep. Pollert will carry.

VK
4/10/13

13.0649.01001
Title.02000
Fiscal No. 1

Prepared by the Legislative Council staff for
Representative Pollert
April 8, 2013

PROPOSED AMENDMENTS TO SENATE BILL NO. 2226

Page 1, line 14, replace "$709,000" with "$240,000"

Page 1, replace lines 18 through 24 with:

"Contracted emergency medical services and trauma medical director	$100,000
Advanced trauma life support training	$40,000
Development of the rural trauma team development course	$50,000
Trauma designation visits	$50,000"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2226 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Comprehensive state trauma system		$709,000	($469,000)	$240,000
Total all funds	$0	$709,000	($469,000)	$240,000
Less estimated income	0	0	0	0
General fund	$0	$709,000	($469,000)	$240,000
FTE	0.00	1.00	(1.00)	0.00

Department No. 301 - State Department of Health - Detail of House Changes

	Reduces Funding for the Comprehensive State Trauma System[1]	Total House Changes
Comprehensive state trauma system	($469,000)	($469,000)
Total all funds	($469,000)	($469,000)
Less estimated income	0	0
General fund	($469,000)	($469,000)
FTE	(1.00)	(1.00)

[1] This amendment reduces the funding for the comprehensive state trauma system, providing a total of $240,000, all of which is from the general fund. This reduction also includes the removal of the associated trauma coordinator FTE position.

Date: 4/10/13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2226

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number .01001

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Pollert Seconded By Rep. Bellew

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

voice vote carries

Date: 4/10/13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2226

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 13.0649.01001

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Pollert Seconded By Rep. Bellew

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer	X		Rep. Streyle		X
Vice Chairman Kempenich	X		Rep. Thoreson	X	
Rep. Bellew	X		Rep. Wieland	X	
Rep. Brandenburg	X				
Rep. Dosch		X			
Rep. Grande		X	Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim	X	
Rep. Kreidt	X		Rep. Guggisberg	X	
Rep. Martinson	X		Rep. Holman	X	
Rep. Monson	X		Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert	X				
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 19 No 3

Absent 0

Floor Assignment Rep. Pollert

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2226: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (19 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). SB 2226 was placed on the Sixth order on the calendar.

Page 1, line 14, replace "$709,000" with "$240,000"

Page 1, replace lines 18 through 24 with:

"Contracted emergency medical services and trauma medical director $100,000
Advanced trauma life support training $40,000
Development of the rural trauma team development course $50,000
Trauma designation visits
$50,000"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2226 - State Department of Health - House Action

	Executive Budget	Senate Version	House Changes	House Version
Comprehensive state trauma system		$709,000	($469,000)	$240,000
Total all funds	$0	$709,000	($469,000)	$240,000
Less estimated income	0	0	0	0
General fund	$0	$709,000	($469,000)	$240,000
FTE	0.00	1.00	(1.00)	0.00

Department No. 301 - State Department of Health - Detail of House Changes

	Reduces Funding for the Comprehensive State Trauma System[1]	Total House Changes
Comprehensive state trauma system	($469,000)	($469,000)
Total all funds	($469,000)	($469,000)
Less estimated income	0	0
General fund	($469,000)	($469,000)
FTE	(1.00)	(1.00)

[1] This amendment reduces the funding for the comprehensive state trauma system, providing a total of $240,000, all of which is from the general fund. This reduction also includes the removal of the associated trauma coordinator FTE position.

2013 CONFERENCE COMMITTEE

SB 2226

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2226
4/19/13
21349

☒ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Relating to a medical director; and to provide an appropriation for the ND trauma system.

Minutes: You may make reference to "attached testimony."

Sen. Dever, Sen. J. Lee, Sen. Mathern are present
Rep. Porter, Rep. Laning, Rep. Muscha are present

Sen. Dever opens the conference Committee on SB 2226

Rep. Porter explains the House actions on SB 2226

There is a discussion about the Trauma Committee.

Sen. Dever asks if the categories still workable.

Sen. J. lee discusses emergency providers and the courses.

Sen. Mather explains the reasoning in the appropriation committee.

Sen. Dever asks if there areas that should be focused on.

Rep. Porter discusses his concern with the registry.

Sen. Mather discusses the Dept. of health budget. (SB 2004)

There is a discussion on rescheduling SB 2226

There is a discussion on getting further information.

Sen. Dever closes conference committee on SB 2226

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2226
4/22/13
21376

☒ Conference Committee

Committee Clerk Signature Kristin Dvorak

Explanation or reason for introduction of bill/resolution:

Relating to a medical director; and to provide an appropriation for the ND trauma system.

Minutes: You may make reference to "attached testimony."

Sen. Dever, Sen. J. Lee, Sen. Mathern are present
Rep. Porter, Rep. Laning, Rep. Muscha are present

Sen. Dever opens the conference committee

Rep. Porter discusses the E-mail from Amy Eberle. See **attachment #1**, in addition, to the registry.

There is discussion on funding.

Senator Dever asks if this is a scaled down version of the program.

Sen. J. Lee discusses the funding.

Sen. Mathern asks about additional dollars.

Sen. Mathern discusses proposed amendments.

There is more discussion on reduction of funding.

There is discussion on amendments.

Sen. Dever shares personal experience with trauma.

Rep. Porter discusses trauma and rural North Dakota.

Sen. J. Lee discusses the original study on trauma.

There is a discussion on moving forward on SB 2226

Sen. Dever closes the conferee committee SB 226

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2226
4/23/2013
21434

☒ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Relating to a medical director; and to provide an appropriation for the ND trauma system.

Minutes:

You may make reference to "attached testimony."

Sens. Dever, J. Lee, Mathern are present
Reps. Porter, Laning, Oversen are present.

Sen. Dever opens the conference Committee SB 2226

Sen. Mathern discusses funding within SB 2226 and the Dept. of Health.

There is discussion on proposed amendment .01002

Rep. Porter motions to House to recede from House amendments and amend as fallows.

Sen. J. Lee seconds

Rep. Oversen asks for clarification on the funding.

Rep. Porter and **Sen. Dever** discuss the Dept. of Health and the trauma systems within the state.

6 yes
0 no
0 absent

The motion carries

Senate carrier Sen. Dever
House Carrier Rep. Porter.

13.0649.01002
Title.03000

Prepared by the Legislative Council staff for
Senator Dever

April 22, 2013

4-23-13

PROPOSED AMENDMENTS TO SENATE BILL NO. 2226

That the House recede from its amendments as printed on pages 1386 and 1387 of the Senate Journal and page 1480 of the House Journal and that Senate Bill No. 2226 be amended as follows:

Page 1, line 14, replace "$709,000" with "$332,000"

Page 1, replace lines 18 through 24 with:

"Contracted emergency medical services and trauma medical director	$125,000
Advanced trauma life support training	$40,000
Development of the rural trauma team development course	$75,000
Trauma designation visits	$50,000
State trauma registry	$42,000"

Renumber accordingly

Date 4/23/13

Roll Call Vote # 1

2013 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2226 as (re) engrossed

Senate Human Services Committee

Action Taken

- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amend
- ☐ HOUSE recede from House amendments
- ☒ HOUSE recede from House amendments and amend as follows
- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep Porter Seconded by: Sen J. Lee

Senators	4/19	4/22	4/23	Yes	No	Representatives	4/19	4/22	4/23	Yes	No
Sen. Dever	✓	✓	X	✓		Rep. Porter	✓	✓	✓	✓	
Sen J. Lee	✓	✓	✓	✓		Rep. Laning	✓	✓	✓	✓	
Sen. Mathern	✓	✓	✓	✓		Rep. Muscha	✓	✓			
						Rep Oversen			✓	✓	
Total Senate Vote				3		Total Rep. Vote				3	

Vote Count Yes: 6 No: — Absent: —

Senate Carrier Sen Dever House Carrier Rep Porter

LC Number 13.0649 . 01002 of amendment

LC Number _____ . _____ of engrossment

REPORT OF CONFERENCE COMMITTEE

SB 2226: Your conference committee (Sens. Dever, J. Lee, Mathern and Reps. Porter, Laning, Oversen) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1386-1387, adopt amendments as follows, and place SB 2226 on the Seventh order:

That the House recede from its amendments as printed on pages 1386 and 1387 of the Senate Journal and page 1480 of the House Journal and that Senate Bill No. 2226 be amended as follows:

Page 1, line 14, replace "$709,000" with "$332,000"

Page 1, replace lines 18 through 24 with:

"Contracted emergency medical services and trauma medical director	$125,000
Advanced trauma life support training	$40,000
Development of the rural trauma team development course	$75,000
Trauma designation visits	$50,000
State trauma registry	$42,000"

Renumber accordingly

SB 2226 was placed on the Seventh order of business on the calendar.

2013 TESTIMONY

SB 2226

Attachment #1

Testimony

Senate Bill 2226

Human Services Committee

Wednesday, January 30, 2013

Good morning Madam Chair and members of the Committee. My name is Amy Eberle and I am a trauma coordinator at a level II trauma center in Bismarck and a current board member of the North Dakota Trauma Foundation. I have been involved in the North Dakota Trauma System for the last seven years and held the position as the State Trauma Coordinator prior to my current position. I am here today to support SB 2226.

The North Dakota Trauma System has been functioning for many years with minimal resources and heavy reliance on the in-kind support of the six Level II Trauma Centers across the state. Many of the challenges have been met with voluntary commitment and efficient use of existing medical resources, consistent with North Dakota values of doing more with less, however the demographics of our state are changing due to the oil activity and the number of injured patients steadily increasing. Some critical access hospitals in the western part of the state have more than tripled their emergency room visits in the last five years. Mercy Hospital, in Williston for example would see an average of 8,000 patients pre-oil boom and now is expected to treat 24,000 patients by the end of 2013. Tioga Medical Center has more than tripled their emergency department visits going from an average of 600 visits per year to 2000 and Mountrail County Medical Center in Stanley has reported doubling their emergency room visits. Not only are the number of patients treated increasing, but the number of traumatic injuries have doubled in the last couple of years due to oil field activity and highway crashes. It is obvious that the western part of the state has been heavily burdened, but the state as a whole has been feeling the impact due to the increased number of transfers to our level II trauma centers and increased population leading to more emergency room visits.

The Trauma System's priorities and needs are focused primarily around outreach, education, and providing resources to our rural hospitals and EMS providers throughout the state. We are at the point where our existing resources can no longer sustain the

current functions of our EMS and Trauma Systems. The following is an explanation of appropriations and needs of the trauma system.

- **Trauma Designation Site Visits - $77,000 (currently funded at $30,000)**
  It is required by state legislation passed in 2009, that all hospitals with emergency departments have a trauma level designation. Level I, II and III trauma designations are granted by the American College of Surgeons at a significant cost to the facility and extremely stringent requirements. This is only achievable by the six largest facilities within the state. The remaining 39 facilities within the state have obtained a level IV or V trauma designation. In order to achieve a level IV or V designation, a site visit needs to be conducted by the State Trauma Coordinator, as well as a Trauma Medical Director and a Trauma Program Manager from one of the level II trauma centers within the state. Each site visit takes an entire day. Successfully achieving a trauma designation means that the facility is held to national quality standards according to their resources. They must have the necessary equipment and trauma protocols in place, along with trauma trained staff for the emergency room 24 hours a day. In addition they must also have an active performance improvement process for ongoing evaluation of care and systems for improvement. All of these facilities are re-surveyed every 1-3 years based upon the results of their site visit. On average, 30 site visits are conducted each year. The level II facilities are currently reimbursed $800 for each site visit they assist with. This money is to help cover the costs of taking the Trauma Surgeon and Trauma Program Manager out of the facility for the day. The current funding falls short of covering the costs for the level II centers and does not adequately cover the number of visits required annually. Having trauma level designated facilities is not only mandated by state regulation, but has proven to save lives and improve patient outcomes.

- **ATLS Education for Level IV and V Trauma Centers - $75,000 (currently funded at $20,000)**
  Advanced Trauma Life Support (ATLS) training for all providers (physicians, nurse practitioners and physician's assistants) who provide care to trauma patients is a requirement in order to obtain a trauma level designation. ATLS is a two day course

that must be completed by the provider every four years. The course is based on national standards so that all providers taking the course are taught in the same manner thus providing consistent trauma care across the state. The providers come away equipped with the skills necessary to take care of trauma patients where ever they are providing care and regardless of the severity of the injuries. With ATLS trained providers, patients can expect to receive the same quality and standard of care throughout the state. The cost per provider to take the course is currently $750 and expected to rise this year. Facilities suffer a financial burden when they must remove their provider from the facility to attend ATLS training. Not only is the facility responsible for the cost of the course and the travel and room expenses, but they are often required to use locum providers at a premium price to cover clinics or emergency rooms while the provider is attending the course. Assisting to offset the costs for the level IV or V trauma centers would help the already financially strapped facilities to send their providers to ATLS training. The current funding is not adequate to meet the needs of all of the providers at level IV and V trauma centers within the state. Current funding that is available is distributed on a first come first serve basis and affords for 13 providers per year to attend the course which significantly falls short of the need.

- **Rural Trauma Team Development Course (RTTDC) - $100,000**

  The RTTDC is a newly implemented course in our state. It has been very evident that there is a huge need for additional education to enhance the skills of the rural trauma team. The RTTDC course focuses on a team approach to treating the trauma patient including providers, nurses, EMS, radiology, lab, etc. The course is taken to the rural hospitals so the team can efficiently utilize the resources they have available. There continues to be constant turnover in rural trauma centers and increased utilization of locum providers and travel nurses to deal with staffing shortages. There is also a change in the type of trauma patients that are being treated with more penetrating, burn, and crush injuries being seen especially in the western half of the state. This course has proven to be very beneficial in helping the providers and staff learn to prepare for and appropriately care for these patients. The level II trauma centers are willing to take the lead in coordinating the RTTDC course and providing the

instructors for it. Each course will require 3-4 physicians and 2 nurses from the level II trauma centers to travel out to the rural facilities. The goal would be to provide 8 courses throughout the state each year (30 participants per course). The cost of each course would be $6,250 ($50,000/8 courses).

- **State Medical Director - $183,000 (currently funded at $50,000)**
  The State Trauma Medical Director has proven to be a huge resource in providing education and outreach to our rural providers on the evidence based standards of care for injured patients in North Dakota as well as providing leadership on a national level. The expertise that this position has added to the state has proven to be instrumental to the trauma system performance improvement process. Specifically, case review and feedback is provided on all trauma cases that meet quality assurance indicators back directly to those involved in the care. The State Trauma Medical Director provides mentoring to providers and facilities within the state. He also provides trauma specific education and direction to the Regional and State Trauma Committees. With the current appropriations the contracted position is limited to 20 hours per month and the funding includes all other expenses for this position associated with travel which is rather extensive in order to attend trauma designation visits and meetings throughout the state. Having an involved and visible State Trauma Medical Director is imperative to the success of the State Trauma System.
- **Associate State Trauma Coordinator - $114,000**
  The State Trauma Program is currently managed with 1.5 FTE's. The work load has increased substantially with trauma level designations visits, education and outreach as well as performance improvement activities. The State Trauma Coordinator is responsible for all the logistics and management of the trauma system. Some of which includes organizing and attending all of the trauma designation site visits, regional and state meetings and the trauma system performance improvement process as well as orientating new trauma coordinators in the rural hospitals, to which there is again constant turnover. The current trauma system has been very challenging for one person to sustain. There is heavy reliance on the level II trauma centers for their support of current trauma system activities. The level II trauma centers have been faced with an increased trauma patient volume as well as stricter requirements by the

American College of Surgeon for designation. This has required more time and resources from their Trauma Medical Director and Trauma Program Manager and less time and availability to assist with state trauma system needs. The result is fewer resources to provide the education and outreach that has been done in the past and that is critically needed.

- **State Trauma Registry Support - $160,000**

  It is required by legislation that all hospitals submit trauma data to the state trauma registry relating for each trauma patient presenting to their emergency department. The trauma coordinator at each facility is responsible to submit the trauma data. Clinical Data Management is the software vendor for the trauma registry. All of the facilities within the state use this software which is beneficial for consistency. The annual cost for trauma registry maintenance is $600 for level IV and V trauma centers, $2700 for level II trauma centers and $17,000 for the state trauma registry. These expenses add additional financial burden to the hospitals. The trauma registry is a crucial component of the state's performance improvement process. Data entered into the trauma registry is reviewed by the State Trauma Medical Director, the State Trauma Coordinator and the Research Analyst on an ongoing basis. Cases that are noted to have quality improvement concerns are brought to the State Medical Director and the Regional Trauma Committee for review, discussion, and education on a quarterly basis. This process improves outcomes, reduces morbidity and mortality, and identifies system issues that occur. To maintain the registry and retrieve meaningful data, yearly training and updates are required to offset the constant turnover in trauma coordinators and registrars and to assure an accurate and functional registry.

In conclusion we are at a point within our trauma system where we are no longer able to sustain our functions with the current resources that are available. No one is immune to trauma and it can happen to anyone of us at any given time. The trauma system has proven to save lives and reduce disability by getting the right patient to the right resources in the quickest amount of time and it is time to recognize it as part

of our state's critical infrastructure. This concludes my testimony and I am happy to answer any questions you may have.

Attachment #2

Testimony - **Senate Bill 2226**
Human Services Committee
Wednesday, January 30, 2013

Good Morning Chairman Lee and members of the Human Services Committee.

My name is Lynnette Deardurff and I currently hold the position of Trauma Program Manager at Trinity Health in Minot. I have been an RN for 30 years and have worked in health care for 40 years. Most of my nursing career has been in the critical care setting; working in ER, ICU, trauma, flight nursing and EMS education, both at the bedside and management. I am here in support of Senate Bill 2226.

As Trauma Program Manager, I experience daily the devastation of trauma on patients and their families: head injuries, amputated limbs, paralysis, burns, and death. The magnitude of a traumatic injury is enormous. In terms of years of productive life lost, prolonged or permanent disability, and cost, it is now recognized as one of the most important threats to public health and safety in the United States, and by no means is this different for North Dakota. Trauma care is expensive, resource-intensive and demands a substantial degree of commitment from a broad spectrum of health care professionals.

Things have changed since I set up Minot's first trauma program in the 1990's. There is now a state-wide trauma system with 45 trauma centers as well as a state trauma program. North Dakota is fortunate to have a well-developed trauma system. A system that develops and enforces standards, designates trauma centers and helps to ensures the provision of appropriate services and quality care. The State Trauma Coordinator is responsible for the overall management of the program and the state registrar ensures data, state-wide and nationally. The Medical Director provides leadership and expertise. The multidisciplinary State Trauma Committee, comprised of community and health care entities, provides over-all supervision. We work together to provide education, improve processes, and ensure quality. Surely you would want nothing less for your state.

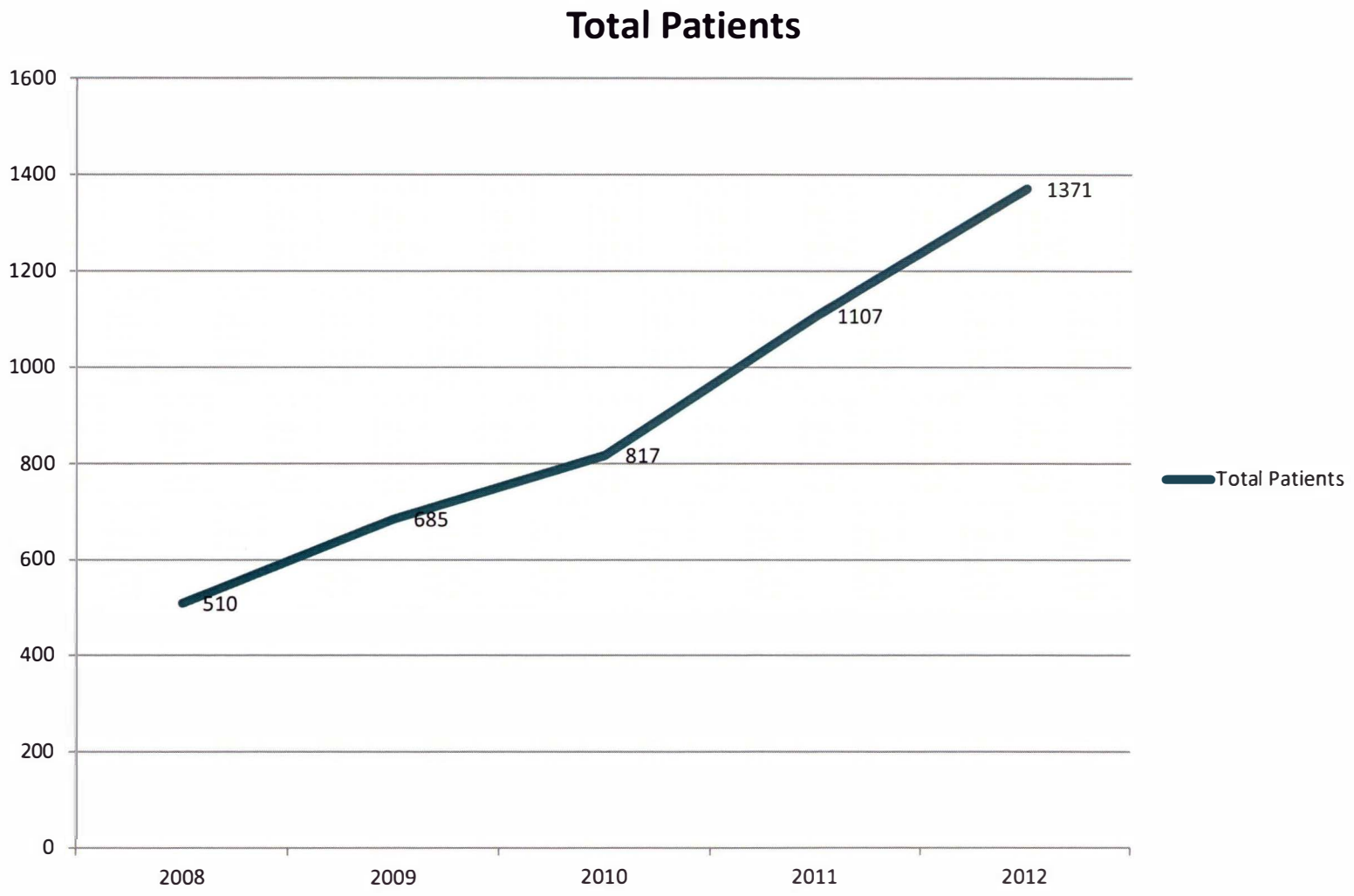
North Dakota's Trauma System is now being challenged, with resources being stretched to the max. The number of trauma patients at Trinity's Hospital alone, has almost tripled since 2008. [*Appendix A*] Along with the increase in actual numbers, there has been an increase in the severity of injuries. The patients are coming to us more critically injured. [*Appendix B*] The Injury Severity Score (ISS) is calculated based on the patient's injuries; the higher the score, the more severe the injuries. The number of critically injured patients (ISS>24) has doubled in the past four years. Deaths are up 42% in the last year. [*Appendix C*] Although the western part of the state has felt the greatest impact, [*Appendix D*] trauma numbers have increased throughout the whole state. [*Appendix E*]

An increase in patients + an increase in injuries = a need for increased resources, at all levels

It is vital that the trauma system in North Dakota be able to meet the needs of all trauma victims. You would want nothing less if it was you or your family. *No one is immune to trauma and it can happen to anyone of us at any given time.....*

This concludes my testimony. I thank you for your time and I am happy to answer any questions you may have.

#2

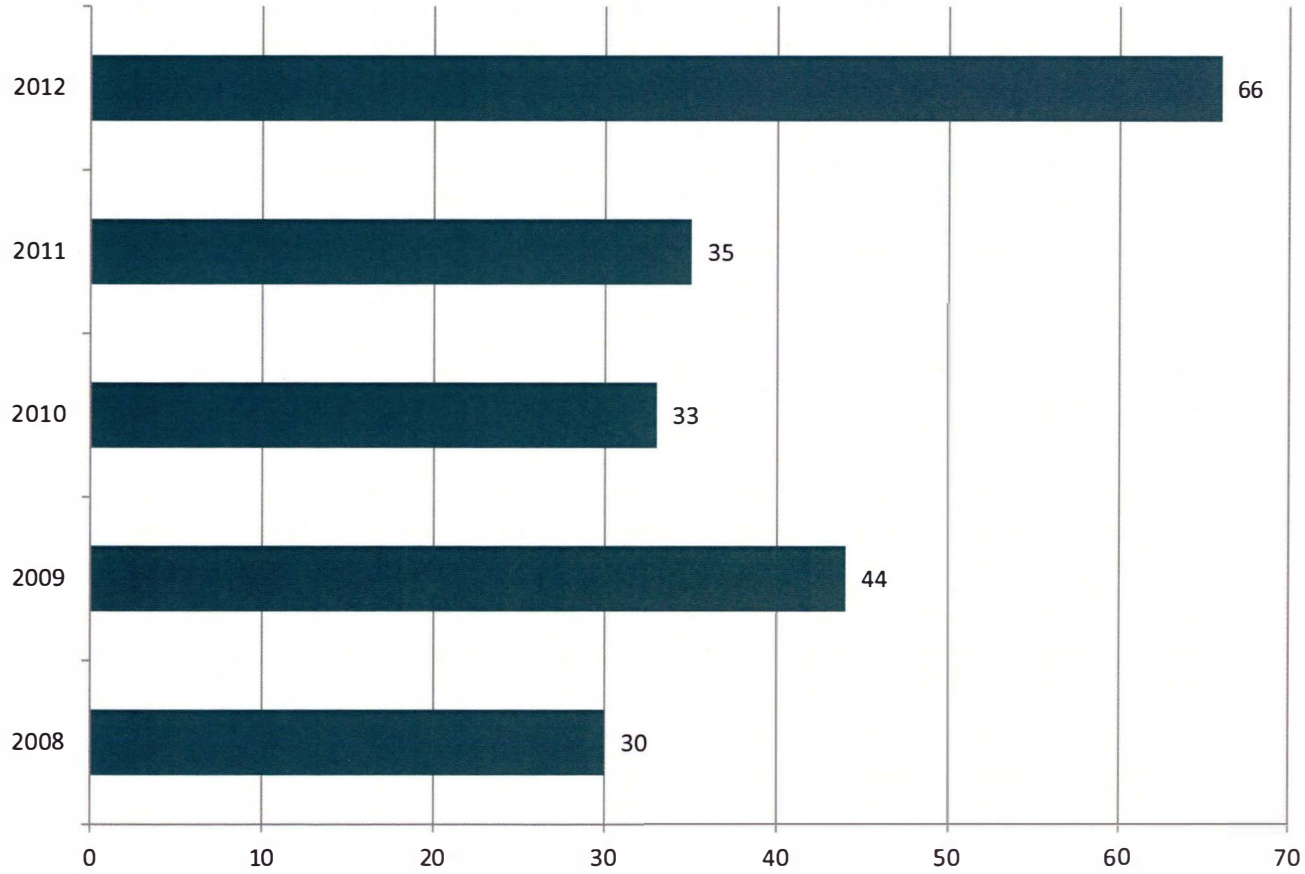


Appendix A

TRINITY HEALTH

#2

Trauma Patients with Injury Score >24

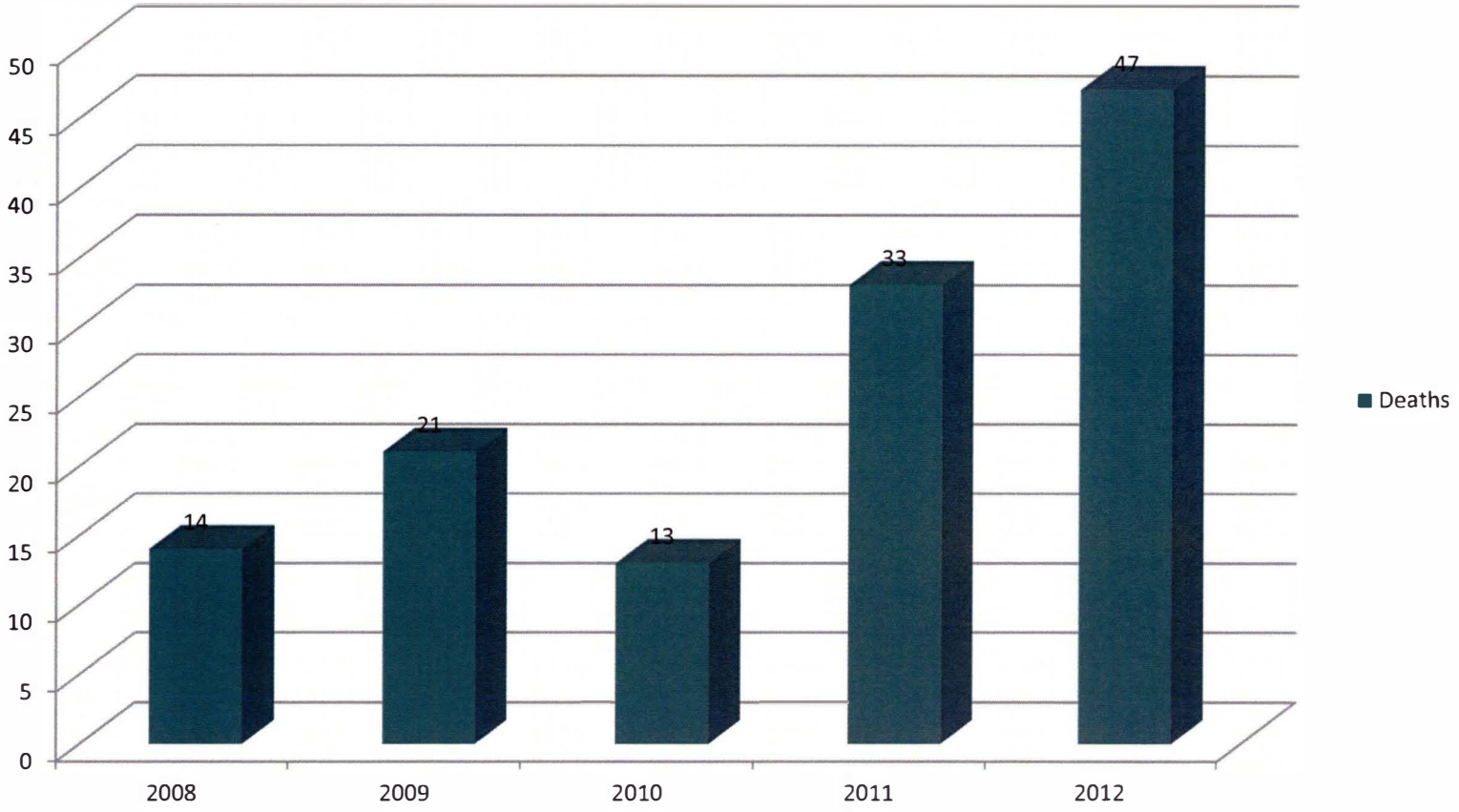


Appendix B

TRINITY HEALTH

#2

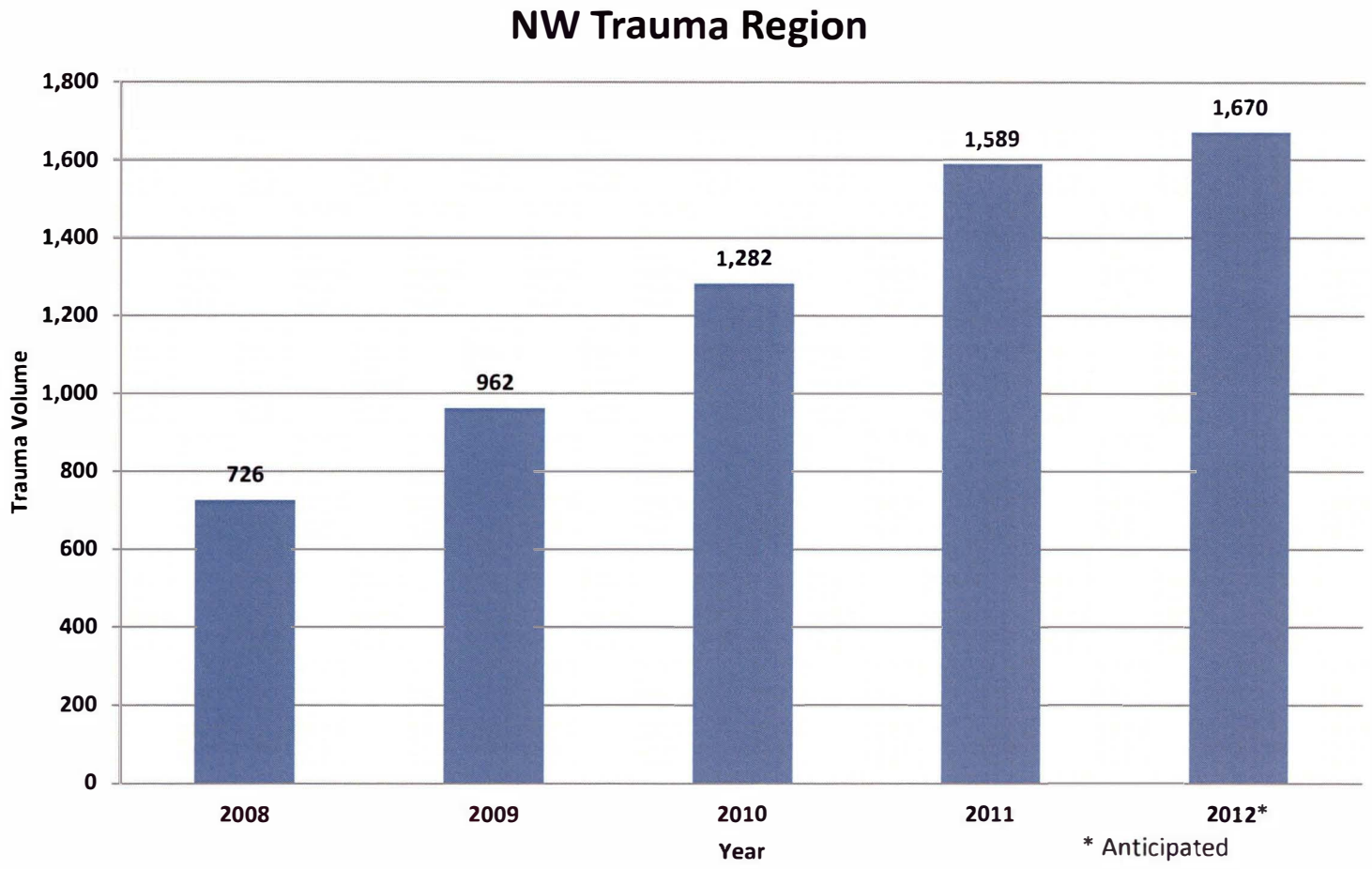
Trauma Deaths



Appendix C

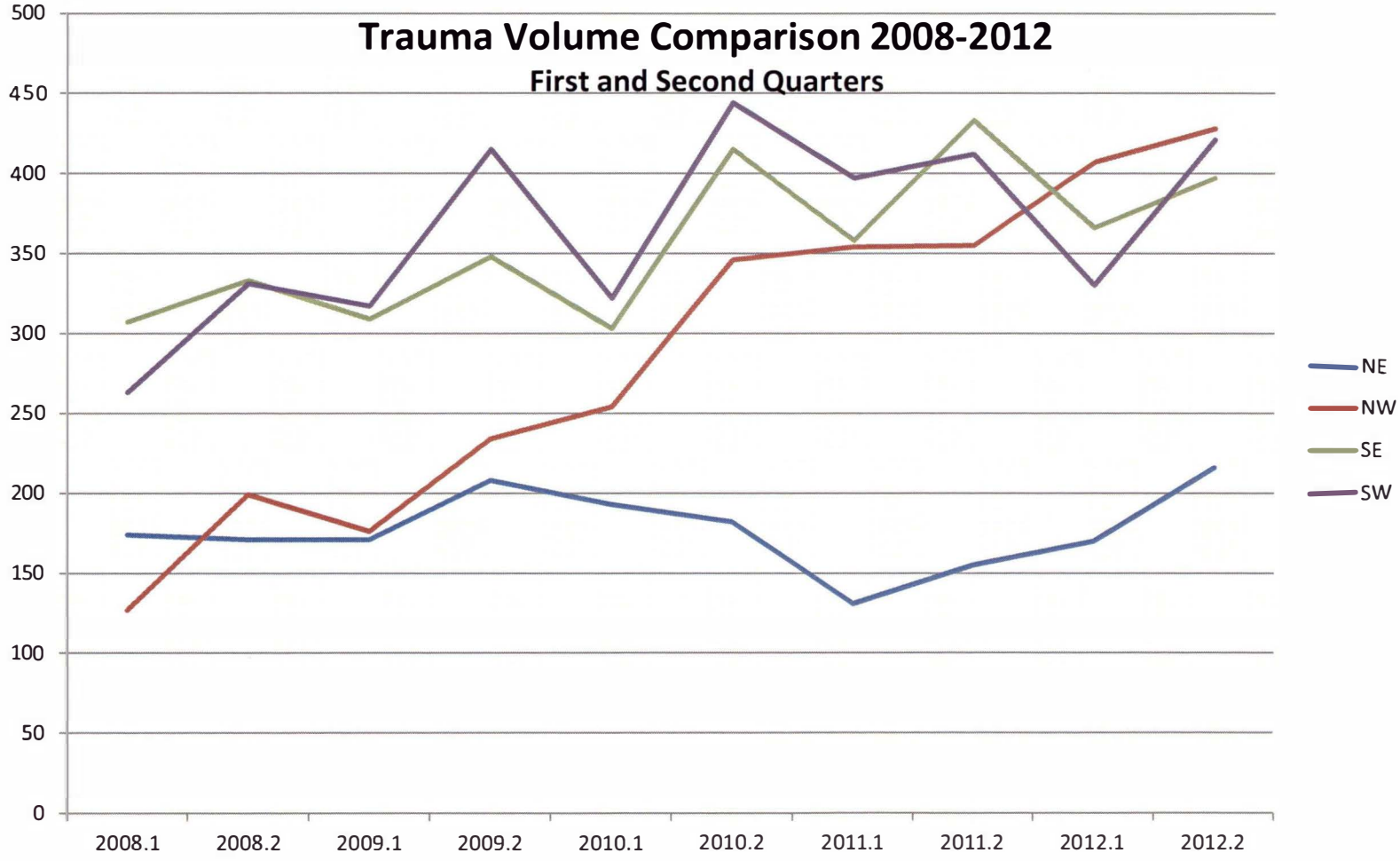
TRINITY HEALTH

#2


NW Trauma Region
Trauma Volume
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
726
962
1,282
1,589
1,670
2008
2009
2010
2011
2012*
Year
* Anticipated

Appendix D

#2


Trauma Volume Comparison 2008-2012
First and Second Quarters
500
450
400
350
300
250
200
150
100
50
0
2008.1
2008.2
2009.1
2009.2
2010.1
2010.2
2011.1
2011.2
2012.1
2012.2
NE
NW
SE
SW

Appendix E

Attachment #3

Executive Offices
1622 E. Interstate Ave.
Bismarck, ND 58503

(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

Testimony
Senate Bill 2226
Senate Human Services Committee
Wednesday, January 30 2013; 10:30 a.m.
North Dakota Emergency Medical Services Association

Good morning, Madam Chair and members of the committee. My name is Tim Meyer, and I am the Co-Chair of the North Dakota Emergency Medical Services Association's Advocacy Committee. I am here today in support of SB 2226.

As you know, North Dakota's ambulances are largely staffed by volunteers. A robust trauma system is an important component of the emergency medical services (EMS) system. The trauma system ensures that there is a high level of expertise waiting for the trauma patient when they arrive at the hospital. Fortunately every hospital in our state is required to be a designated trauma center.

I know that the trauma system has operated in our state on a minimal budget. Without the goodwill from our Level II trauma centers the trauma system simply would not exist. And without the trauma system, the rest of the EMS system would not be able to adequately care for these critical patients. You can be assured that the trauma system absolutely save lives in our state.

We ask that you give this bill a Do-Pass recommendation. Supporting the trauma system also supports the mission of every ambulance service and quick response unit in our state.

This concludes my testimony, I am happy to answer any questions you may have.

Attachment #4

Madame Chairman and distinguished Senators, my name is Jane Halvorson. I am here today representing Hillsboro Medical Center, a Level 5 trauma center, and Ambulance Service where I work as the Trauma Coordinator and Paramedic. We stand in support of SB 2226. Thank you.

Attachment #5

Written Testimony
Senate Bill 2226
Human Service Committee
Wednesday, January 30, 2013

Good Morning Senator Lee and members of the committee. My name is Rhonda Bugbee and I have been involved with the ND Trauma System since its inception. I was previously the Trauma Program Manager at Trinity Hospital and the Chairman of the NW Regional Trauma Committee. When I retired, I was asked to remain on the State Trauma Committee as the Public Member. I am testifying in support of SB226, which will enhance the North Dakota Trauma System.

One thing I want you and the citizens of ND to know is that we are very fortunate to have a mature and active Trauma System. Many states don't. Just because a hospital has an Emergency Department, doesn't mean that they are well versed on how to care for trauma patients. Level II Trauma Centers have gone through vigorous reviews by the American College of Surgeons (ACS), which is the gold standard of trauma care. The ACS currently has approximately 160 Level II Adult Trauma Centers in the US. In ND all 6 of the major hospitals have made this commitment to the people they serve.

For many years the Level II Trauma Centers in ND have provided incredible amounts of support to develop and build the ND Trauma System into something that we as North Dakotans should be proud. The numbers of Trauma victims in our state has gone up dramatically in the past 5 years. Unfortunately so has the number of these patients who are self pay. I was told by the ACS that a Trauma Center should be able to cover the expenses of being a Trauma Center if the self pay rate was 10% or less. In the late 90's and early 2000's we had that in ND. According to the ND Trauma Registry in 2011 15% of patients were self pay, also it was noted that 18% of patients were only covered by auto insurance, which may provide as little as $25,000. That amount of money is probably used up before the patient gets out of the Emergency Department and Surgery.

Because of this the Level II Trauma Centers are being stretched with increased patient numbers and decreased reimbursement the Trauma Staff is not able to provide as much assistance or do as many projects for the state.

Our Trauma System needs your support. The thing about trauma is, even if you do everything right, you could still be seriously injured and need the Trauma System. Please do your part to make sure it is available for all.

Rhonda Bugbee
1117 7th St NW
Minot, ND 58703
701-838-2384

NDLA, S HMS - Herrick, Kari

From: Lee, Judy E.
Sent: Saturday, February 02, 2013 5:59 PM
To: NDLA, S HMS - Herrick, Kari; NDLA, Intern 02 - Myles, Bethany
Subject: FW: SB 2226

Please make copies for our books.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Scott Charette [mailto:scharette@gra.midco.net]
Sent: Saturday, February 02, 2013 5:11 PM
To: Lee, Judy E.
Subject: SB 2226

Dear Mrs Judy Lee,

This email is in regards to SB 2226—funding for the North Dakota Trauma Foundation.
This bill may have already gone through the Human Services Committee but I felt it still important to contact you about bill.

I am a surgeon who participates in Trauma Coverage at Altru in Grand Forks and would like to voice my support of this bill.

Not all states have a statewide organized trauma system. In ND the trauma foundation is taking a leading role in educating, training, and setting standards for small town, rural hospitals to enable them to provide emergent trauma care. This gives the ability to stabilize trauma patients and allow them to be transferred to one of the level II trauma centers(at the 4 major cities) in the state for definitive care. The first hour in trauma is often referred to the golden hour and the care received during this time frame often makes the difference in their survival. This affects people who have sustained injuries in car accidents, farm and/or ranch incidences, oil field calamities, etc.
To train people at these institutions and improve their local system takes time and resources.

The ND Trauma Foundation is providing leadership in this capacity and has new initiatives it is planning to implement to improve on the system already in place.
Please consider continued support.

I thank-you for your time.

Best Regards,
Scott Charette, MD
2147 S. 38th St.
Grand Forks, ND 58201
scharette@gra.midco.net
scharette@altru.org
701-780-6303 - office

Amy Eberle #1
SB 2226
2-19-13

Testimony

Senate Bill 2226

Senate Appropriations Committee

Tuesday, February 19, 2013

Good afternoon Chairman Holmberg and members of the Committee. My name is Amy Eberle and I am a trauma coordinator at a level II trauma center in Bismarck and a current board member of the North Dakota Trauma Foundation. I have been involved in the North Dakota Trauma System for the last seven years and held the position as the State Trauma Coordinator prior to my current position. I am here today to support SB 2226.

During the 2007 Legislative Session funding was appropriated to conduct a consultation of our trauma system by the American College of Surgeons Committee on Trauma. The consultation took place in April 2008 and all the components of the trauma system were reviewed during a 3 day period. Approximately 85 recommendations were made to improve our trauma system, all to which have been accomplished fully except for those which require funding and additional resources for the trauma system. The American College of Surgeons specifically stated that North Dakota is poised to take the trauma system to the next level and has the potential to become a showcase for an inclusive rural trauma system. However, in order to make this transition, we need additional, but modest investments in personnel and infrastructure. The passing of SB 2226 and all its appropriations would elevate North Dakota's trauma system to become a leader in rural trauma and would achieve all the recommendations made by the American College of Surgeons Committee on Trauma.

We are at the point where the trauma system needs have heavily outweighed the resources that are available and functioning at its current level has become increasingly more difficult. Trauma can happen to anyone, no one can predict it and the only cure is prevention, but the trauma system can reduce death and disability from injuries sustained. I would like to end my testimony with a story that I am hoping will bring perspective to this bill before you today and how important the trauma system is to North Dakota.

A young man was traveling highway speeds when he hit a patch of ice and lost control of his vehicle rolling it several times. The young man was not wearing a seatbelt and was ejected from the vehicle and sustained very serious and life threatening injuries. Witnesses called 911, and within 20 minutes EMS was on the scene. They assessed and loaded the young man into the ambulance and took him to the nearest level IV trauma center. At the level IV trauma center they quickly assessed and stabilized him and called for a helicopter and the young was transferred to the level II trauma center. This was all done within 55 minutes of arrival to the level IV trauma center. When the young man arrived to the level II trauma center he was met by the Emergency Department physician, Trauma Surgeon, Anesthesia, and may other ancillary staff and was taken to the OR within 25 minutes of his arrival. The patient came out of the OR and was admitted to the Intensive Care Unit where 2 hours later he died.

Now you are probably wondering why I would share this story when the trauma system is supposed to save lives. The trauma system does save lives and I am sure many this room can testify to that and witness it on a daily basis. However there are those lives that are just not savable no matter how perfect a trauma system works. But the trauma system did work that day. Because of the quick response from EMS and the trauma trained physicians and nurses the trauma system gave a wife two hours to hold her husband's warm hand telling him how much she loved him. It gave ta little girl two hours to say goodbye to her daddy even though she didn't fully understand what was going on, and it gave a mother two hours to tell her son how proud she was of the man that he became. TWO HOURS!!

I want to end by asking all of you one question. If this had been your son, daughter, husband, wife, sister, or brother, what would two hours or their life be worth to you? The Trauma System does matter; it does save lives, so I ask that you please pass SB2226.
This concludes my testimony and I would be happy to answer any questions that you may have.

Amy Eberle
701.323.2939
aeberle@mohs.org

Deb Syverson #2
SB 2226
2-19-13

Testimony

Senate Bill 2226

Senate Appropriations Committee

Tuesday, February 19, 2013

Good afternoon Mr. Chairman and members of the Committee. My name is Deb Syverson and I am the trauma program manager at a level II trauma center in Fargo and a current board member of the North Dakota Trauma Foundation. I have been involved in the North Dakota Trauma System for the last fifteen years as a trauma program manager, and for multiple years prior to that as an EMT, critical care RN, flight nurse, and educator. I've been fortunate I've had the opportunity to care for critically injured patients in ditches during inclement weather; in one bed emergency rooms in rural North Dakota hospitals; and have taught a variety of basic to advanced trauma education from the EMS provider level through the physician level. I am here today to describe the current needs of the ND Statewide Trauma System, and to support full appropriation of SB 2226.

Trauma care in North Dakota is unique, in that all 45 hospitals/trauma centers need to be prepared to care immediately for patients from the newborn age, to the very elderly. Injuries we care for vary from burns, to multiple system injuries from motor vehicle crashes, to ATV crashes, to severe injuries from child abuse, to amputations from agricultural/industrial injuries, and many more mechanisms of injury. With the majority of the state being rural and frontier, there are significant distances to transport trauma patients to definitive care, and in many instances this occurs in inclement weather. Outcomes of trauma patients depend on current, evidence based medicine that is done preferably within the "Golden Hour" from time of injury. The North Dakota Trauma System, which addresses the issues previously identified, has been functioning for many years with minimal resources and heavy reliance on the in-kind support of the six Level II Trauma Centers across the state. Many of the challenges, and exciting projects that have been accomplished, have been met with voluntary support and efficient use of existing medical resources. However, the demographics

of our state are changing due to the oil activity and the number of injured patients steadily increasing throughout the state. Some critical access hospitals in the western part of the state have more than tripled their emergency room visits in the last five years. Mercy Hospital, in Williston, used to see an average of 8,000 patients pre-oil boom and now is expected to treat 24,000 patients by the end of 2013. Tioga Medical Center has more than tripled their emergency department visits going from an average of 600 visits per year to 2000, and Mountrail County Medical Center in Stanley has reported doubling their emergency room visits. Not only are the number of patients treated increasing, but the number of traumatic injuries have doubled in the last couple of years due to oil field activity and highway crashes. It is obvious that the western part of the state has been heavily burdened, but the state as a whole has been feeling the impact due to the increased number of transfers to our level II trauma centers and increased population leading to more trauma patients being cared for in our hospitals.

The Trauma System's priorities and needs are focused primarily around outreach (example), education (example: Annual ND Statewide Trauma Conference), performance improvement (example: Level V trauma coordinator testifying at the Senate Human Services Committee on January 30th), and providing resources to our rural hospitals and EMS providers throughout the state (example: ND Trauma Treatment Guidelines Manual). We are at the point where our existing resources can no longer sustain the current functions of our EMS and Trauma Systems caring for injured patients. The following is an explanation of appropriations and needs of the trauma system.

- **Trauma Designation Site Visits - $77,000 (currently funded at $30,000)**
  It is required by state legislation passed in 2009, that all hospitals with emergency departments have a trauma level designation. Level I, II and III trauma designations are granted by the American College of Surgeons at a significant cost to the facility and extremely stringent requirements, and is only achievable by the six largest facilities within the state. The remaining 39 facilities within the state have obtained a level IV or V trauma designation. In order to achieve a level IV or V designation, a site visit needs to be conducted by the State Trauma Coordinator,

as well as a Trauma Medical Director and a Trauma Program Manager from one of the level II trauma centers within the state. Each site visit takes an entire day, not including the time to write a thorough site visit report. Successfully achieving a trauma designation means that the facility is held to national quality standards according to their resources and must have the necessary equipment and trauma protocols in place, along with trauma trained staff for the emergency room 24 hours a day. In addition, they must also have an active performance improvement process for ongoing evaluation of care and systems for improvement. All of these facilities are re-surveyed every 1-3 years based upon the results of their site visit. On average, 30 site visits are conducted each year. The level II facilities are currently reimbursed $800 for each site visit they assist with. This money is to help cover the costs of taking the Trauma Surgeon and Trauma Program Manager out of the facility for the day. The current funding falls short of covering the costs for the level II centers and does not adequately cover the number of visits required annually. Having trauma level designated facilities is not only mandated by state regulation, but has proven to save lives and improve patient outcomes.

- **ATLS® (Advanced Trauma Life Support®) Education for Level IV and V Trauma Centers - $75,000 (currently funded at $20,000)**

  ATLS® training is a requirement for all providers (physicians, nurse practitioners and physician's assistants) who provide care to trauma patients. ATLS® is a two day course that must be completed by the provider every four years. The course is based on national standards so that all providers taking the course are taught in the same manner thus providing consistent trauma care across the state. The providers come away equipped with the knowledge and skills necessary to take care of trauma patients where ever they are providing care and regardless of the severity of the injuries. The cost per provider to take the course is currently $750 and expected to rise this year. Hospitals can suffer a financial burden when they must remove their provider from the facility to attend the necessary ATLS® training. Not only is the facility responsible for the cost of the course and the travel and room expenses, but they are often required to use locum providers at a premium price to cover clinics or emergency rooms while the provider is attending the

course. Assisting to offset the costs for the level IV and V trauma centers would help the already financially strapped facilities send their providers to ATLS training. Current funding that is available is distributed on a first come first serve basis and affords for 13 providers per year to attend the course which significantly falls short of the need.

- **Rural Trauma Team Development Course (RTTDC) - $100,000**
  The RTTDC is a newly implemented course in our state. It has been very evident that there is a huge need for additional education to enhance the skills of the rural trauma team. The RTTDC course focuses on a team approach to treating the trauma patient including providers, nurses, EMS, radiology, lab, etc. The course is taken to the rural hospitals so the team can efficiently utilize the resources they have available. Due to constant turnover in rural trauma centers, there is an increased utilization of locum providers and travel nurses to deal with staffing shortages. There is also a change in the type of trauma patients that are being treated with more penetrating, burn, and crush injuries being seen especially in the western half of the state. This course has proven to be very beneficial in helping the providers and staff learn to prepare for and appropriately care for these patients with the resources they have available. The level II trauma centers are willing to take the lead in coordinating the RTTDC course and providing the instructors for it. Each course will require 3-4 physicians and 2 nurses from the level II trauma centers to travel out to the rural facilities. The goal would be to provide 8 courses throughout the state each year (30 participants per course). The cost of each course would be $6,250 ($50,000/8 courses).
- **State Medical Director - $183,000 (currently funded at $50,000)**
  The State Trauma Medical Director has proven to be a huge resource in providing education and outreach to our rural providers on the evidence based standards of care for injured patients in North Dakota as well as providing leadership on a national level. The expertise that this position has added to the state has proven to be instrumental to the trauma system performance improvement process. Specifically, case review and feedback is provided directly to those involved in the care, on all trauma cases that meet quality improvement indicators. The State

Trauma Medical Director provides mentoring to providers and facilities within the state. He also provides trauma specific education and direction to the Regional and State Trauma Committees. With the current appropriations the contracted position is limited to 20 hours per month and the funding includes all other expenses for this position associated with travel which is rather extensive in order to attend trauma designation visits and meetings throughout the state. Having an involved and visible State Trauma Medical Director is imperative to the success of the State Trauma System, including better patient outcomes.

- **Associate State Trauma Coordinator - $114,000**

  The State Trauma Program is currently managed with 1.5 FTE's. The work load has increased substantially with trauma level designations visits, education and outreach as well as performance improvement activities. The State Trauma Coordinator is responsible for all the logistics and management of the trauma system. Some of which include: organizing and attending all of the trauma designation site visits; regional and state meetings; the trauma system performance improvement process; and orientating new trauma coordinators in the rural hospitals, to which there is again constant turnover. The current trauma system has been very challenging for one person to sustain. There is heavy reliance on the level II trauma centers for their support of current trauma system activities. The level II trauma centers have been faced with an increased trauma patient volume as well as stricter requirements by the American College of Surgeon for designation. This has required more time and resources from their Trauma Medical Director and Trauma Program Manager and less time and availability to assist with state trauma system needs. The result is fewer resources to provide the education and outreach, that has been done in the past and which is still critically needed.

- **State Trauma Registry Support - $160,000**

  It is required by legislation that all hospitals submit trauma data to the state trauma registry relating to each trauma patient presenting to their emergency department. The trauma coordinator at each facility is responsible for submitting the trauma data. Clinical Data Management is the software vendor for the trauma registry. All of the facilities within the state use this software which is beneficial for

consistency. The annual cost for trauma registry maintenance is $600 for level IV and V trauma centers, $2700 for level II trauma centers and $17,000 for the state trauma registry. These expenses add additional financial burden to the hospitals. The trauma registry is a crucial component of the state's performance improvement process and research. Data entered into the trauma registry is reviewed by the State Trauma Medical Director, the State Trauma Coordinator and the Research Analyst on an ongoing basis. Cases that are noted to have quality improvement concerns are brought to the State Medical Director and the Regional Trauma Committee for review, discussion, and education on a quarterly basis. This process improves outcomes, reduces morbidity and mortality, and identifies system issues that occur. To maintain the registry and retrieve meaningful data, yearly training and updates are required to offset the constant turnover in trauma coordinators and registrars and to assure an accurate and functional registry.

In conclusion, we are at a point within our trauma system where we are no longer able to sustain our functions with the current resources that are available. No one is immune to trauma and it can happen to anyone of us at any given time. An example of this was shared with the Senate Human Services Committee on January 30th, when a 25 year old gentleman shared his story about a horrific leg amputation he sustained, at the age of 23 years old, from a combine accident in the middle of a rural wet corn field in Richland County. As he stood in front of the committee on his computerized leg prosthesis, he was a testament that the trauma system has proven to save lives and reduce disability by making appropriate trauma care available for all of us, and by getting the right patient to the right resources in the quickest amount of time. It is time to recognize that the state trauma system needs to be part of our state's critical infrastructure. This concludes my testimony and I am happy to answer any questions.

Lynnette Deardurff #3
SB 2226
2-19-13

Testimony - **Senate Bill 2226**
Appropriations Committee
Tuesday, February 19, 2013

Good Morning Chairman Holmberg and members of the Appropriations Committee.

My name is Lynnette Deardurff and I currently hold the position of Trauma Program Manager at Trinity Health in Minot. I have been an RN for 30 years and have worked in health care for 40 years. Most of my nursing career has been in the critical care setting; working in ER, ICU, trauma, flight nursing and EMS education, both at the bedside and management. I am here in support of Senate Bill 2226.

As Trauma Program Manager, I experience daily the devastation of trauma on patients and their families: head injuries, amputated limbs, paralysis, burns, and death. The magnitude of a traumatic injury is enormous. In terms of years of productive life lost, prolonged or permanent disability, and cost, it is now recognized as one of the most important threats to public health and safety in the United States, and by no means is this different for North Dakota. In North Dakota, injuries are the leading cause of death for people ages 1-44 years. Death from a traumatic brain injury (TBI) has medical costs of nearly $500,000. Trauma care is expensive, resource-intensive and demands a substantial degree of commitment from a broad spectrum of health care professionals. Trauma contributes to more productive life lost than heart disease and cancer combined.

Things have changed since I set up Minot's first trauma program in the 1990's. There is now a state-wide trauma system with 45 trauma centers as well as a state trauma program. A system that develops and enforces standards, designates trauma centers and helps to ensures the provision of appropriate services and quality care. The State Trauma Coordinator is responsible for the overall management of the program and the state registrar ensures data, state-wide and nationally. The Medical Director provides leadership and expertise. The multidisciplinary State Trauma Committee, comprised of community and health care entities, provides over-all supervision. We work together to provide education, improve processes, and ensure quality. North Dakota's Trauma program relies heavily on resources from the Level II facilities to make the system work.

North Dakota is made up of 36 critical access hospitals with six Level II referral centers. These critical access hospitals have difficulty recruiting and retaining providers which results in a constant need for trauma education. Continually educating providers (physicians/midlevel providers/nurses) can be a financial burden on these facilities. The state trauma system must be able to provide educational courses such as ATLS, TNCC, RTTDC, and SIMS so the providers are equipped to provide quality care to their patient. Another need is Disaster Preparedness. There needs to be plans/protocols in place for care in multi-causality trauma situations.

North Dakota's current Trauma System is being challenged, with resources at all levels being stretched to the max. The number of trauma patients at Trinity's Hospital alone, has almost tripled since 2008. [*Appendix A*] Along with the increase in actual numbers, there has been an increase in the severity of injuries. The patients are coming to us more critically injured. [*Appendix B*] The Injury Severity Score (ISS) is calculated based on the patient's injuries; the higher the score, the more severe the injuries. The number of critically injured patients (ISS>24) has doubled in the past four years. Deaths are up 42% in the last year. [*Appendix C*] Although the western part of the state has felt the greatest impact, [*Appendix D*] trauma numbers have increased throughout the whole state. [*Appendix E*]

These statistics paint the obvious picture:

An increase in patients + an increase in injuries and severity = a need for increased resources, at all levels

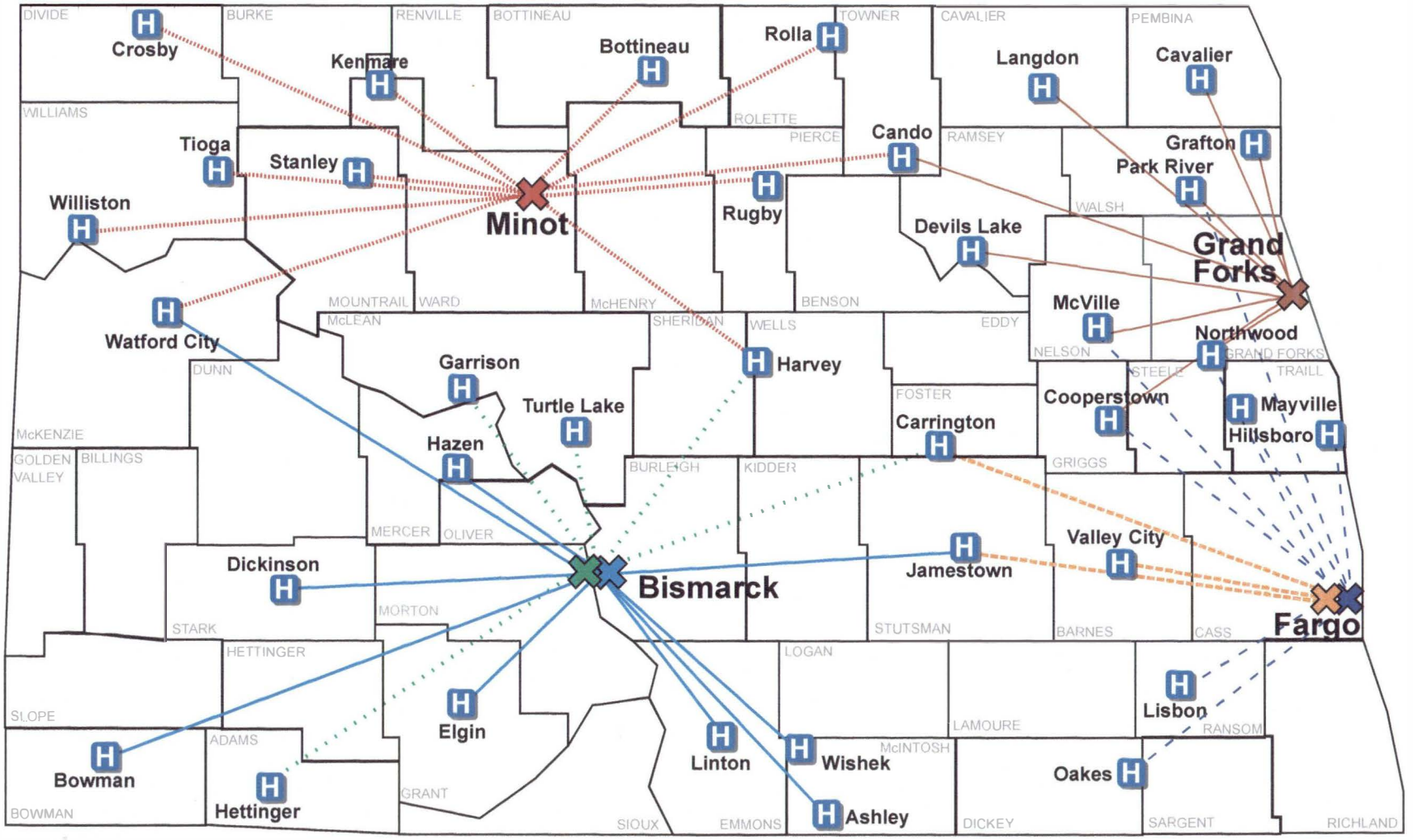
North Dakota's Trauma Program has received very little state support. In the last legislative session, the system asked for $809,000 per biennium to fund essential trauma system functions. Of that request, $100,000 was approved. This session, bill 2226 has asked for the remaining $709,000. How can you expect a program whose numbers have double and tripled to sustain on the past appropriations of $100, 000?

Think of it another way.....a good trauma system can SAVE the state money. Comprehensive statewide trauma systems have been responsible for increasing survival rates by 15 to 20%. Through the initiation of trauma protocols, ensuring quality care, providing education and teaching injury prevention, there is a decrease in unnecessary and duplicate procedures, an increase in positive outcomes, reducing disability and mortality, which in turn will decrease the need for reimbursement, i.e.: Medicaid payments. This all contributes to productive life years and an increased tax base.

It is vital that the trauma system in North Dakota be able to meet the needs of all trauma victims. You would want nothing less if it was you or your family. *No one is immune to trauma and it can happen to anyone of us at any given time.....*

This concludes my testimony. I thank you for your time and I am happy to answer any questions you may have.

North Dakota Critical Access Hospitals & Referral Centers



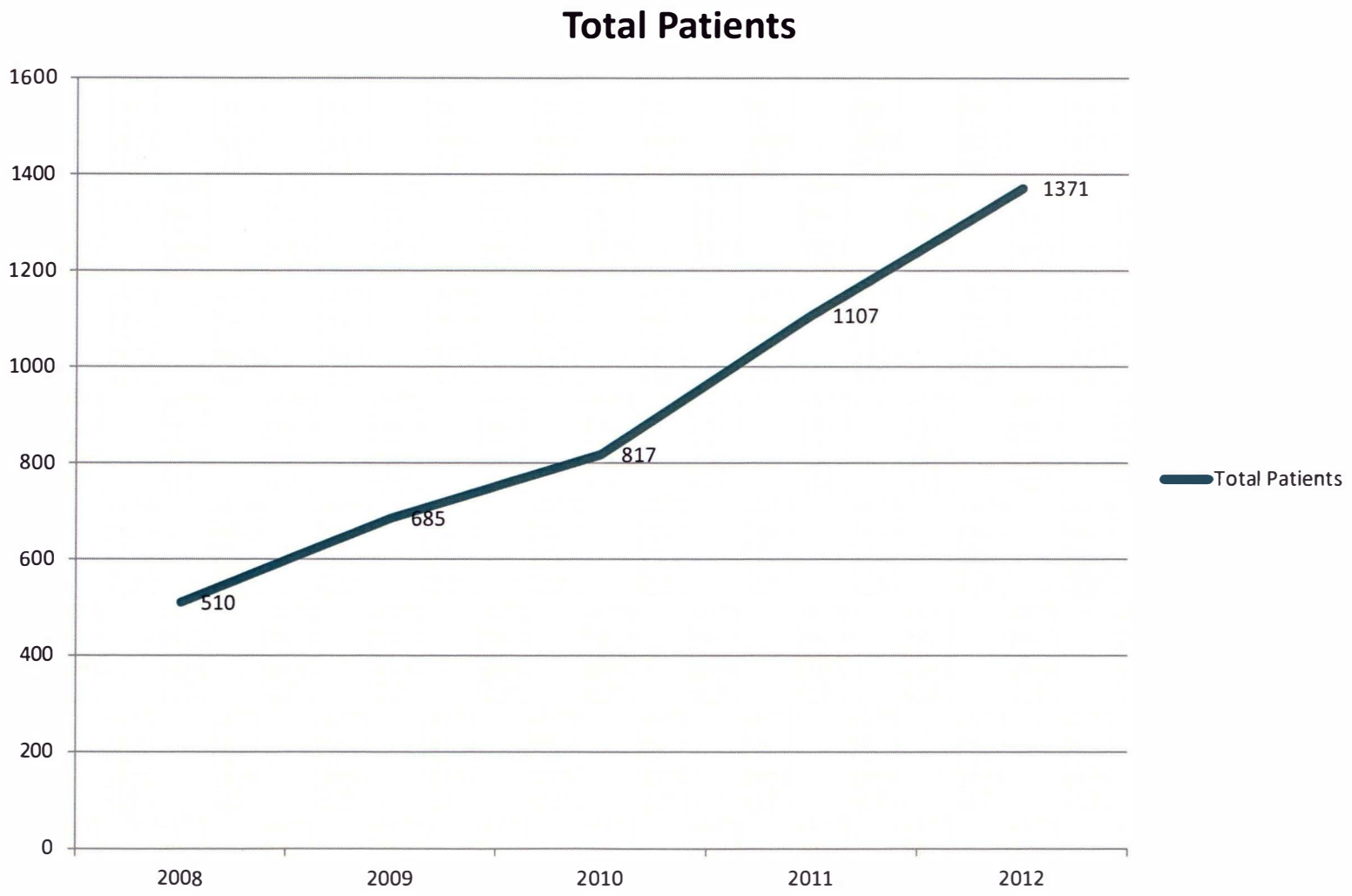
10/12

Center *for* Rural Health
The University of North Dakota
School of Medicine & Health Sciences

Referral Centers

Trinity Hospital
Altru Hospital
St. Alexius Medical Center
Sanford Health
Sanford Bismarck Medical Center & St. Alexius
Sanford & Essentia Health

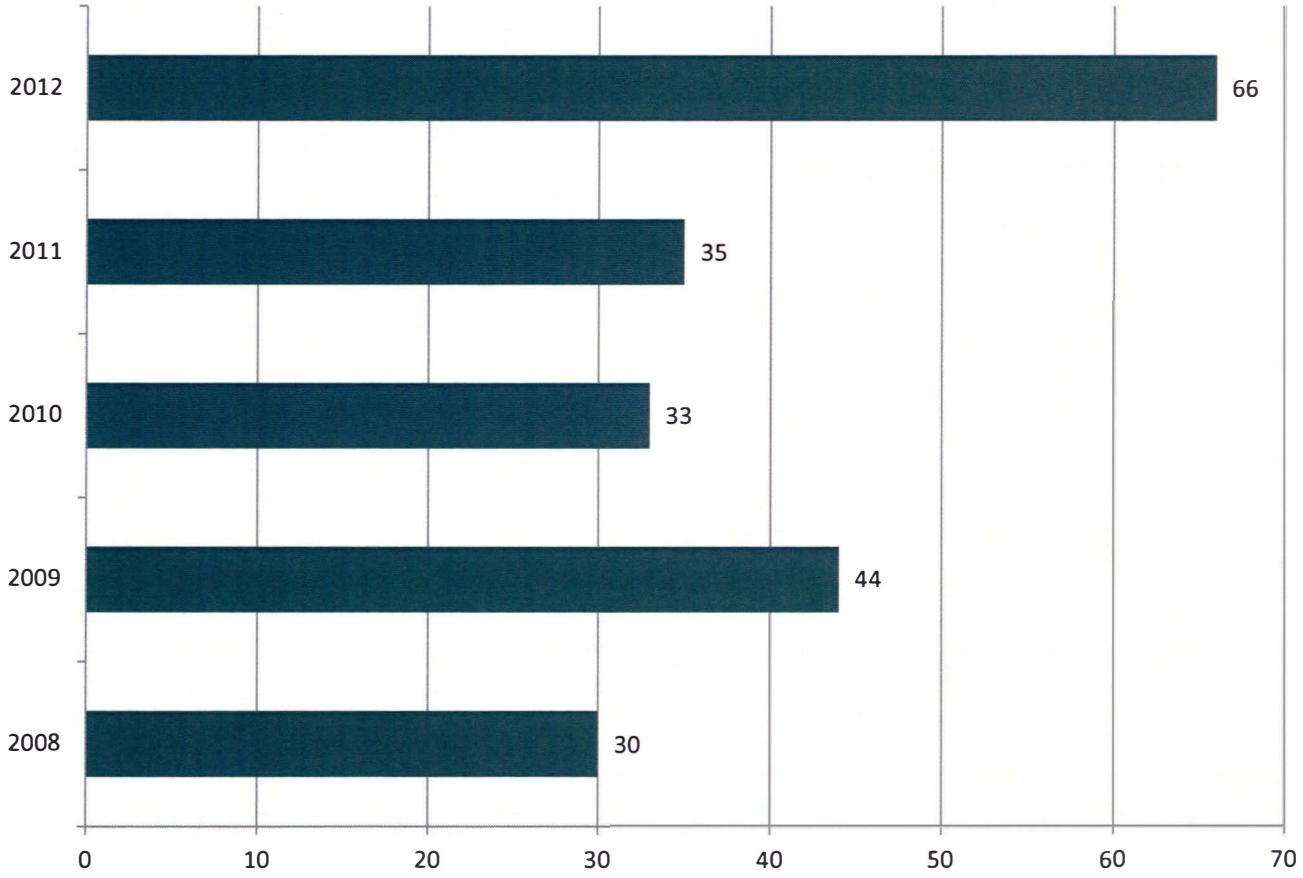
Critical Access Hospitals H



Appendix A

TRINITY HEALTH

Trauma Patients with Injury Score >24



Injury Score Guide

0-9 Minor Injury

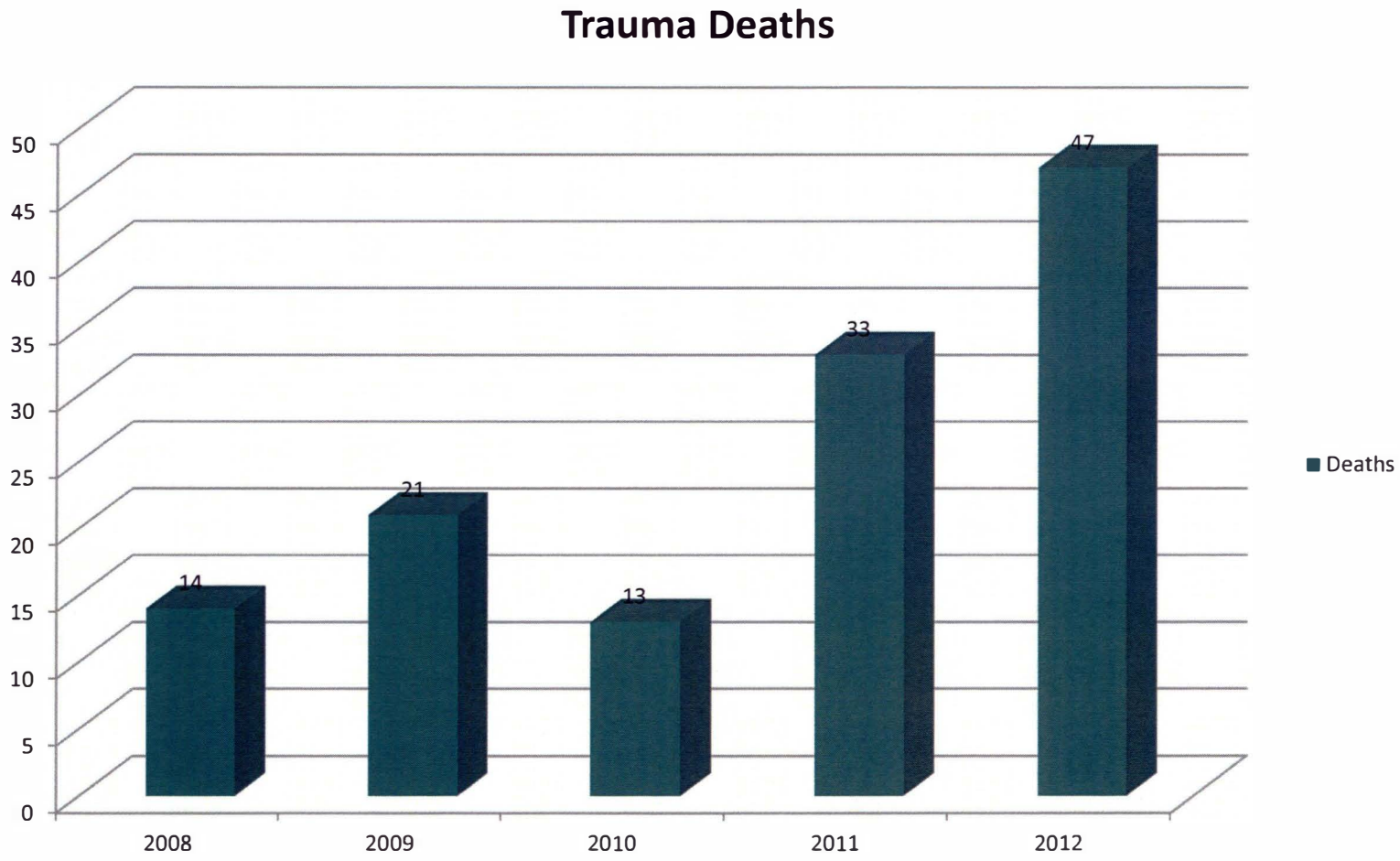
10-15 Moderate Injury

16-24 Moderate to Severe Injury

■ Injury Score >24 Severe to Critical

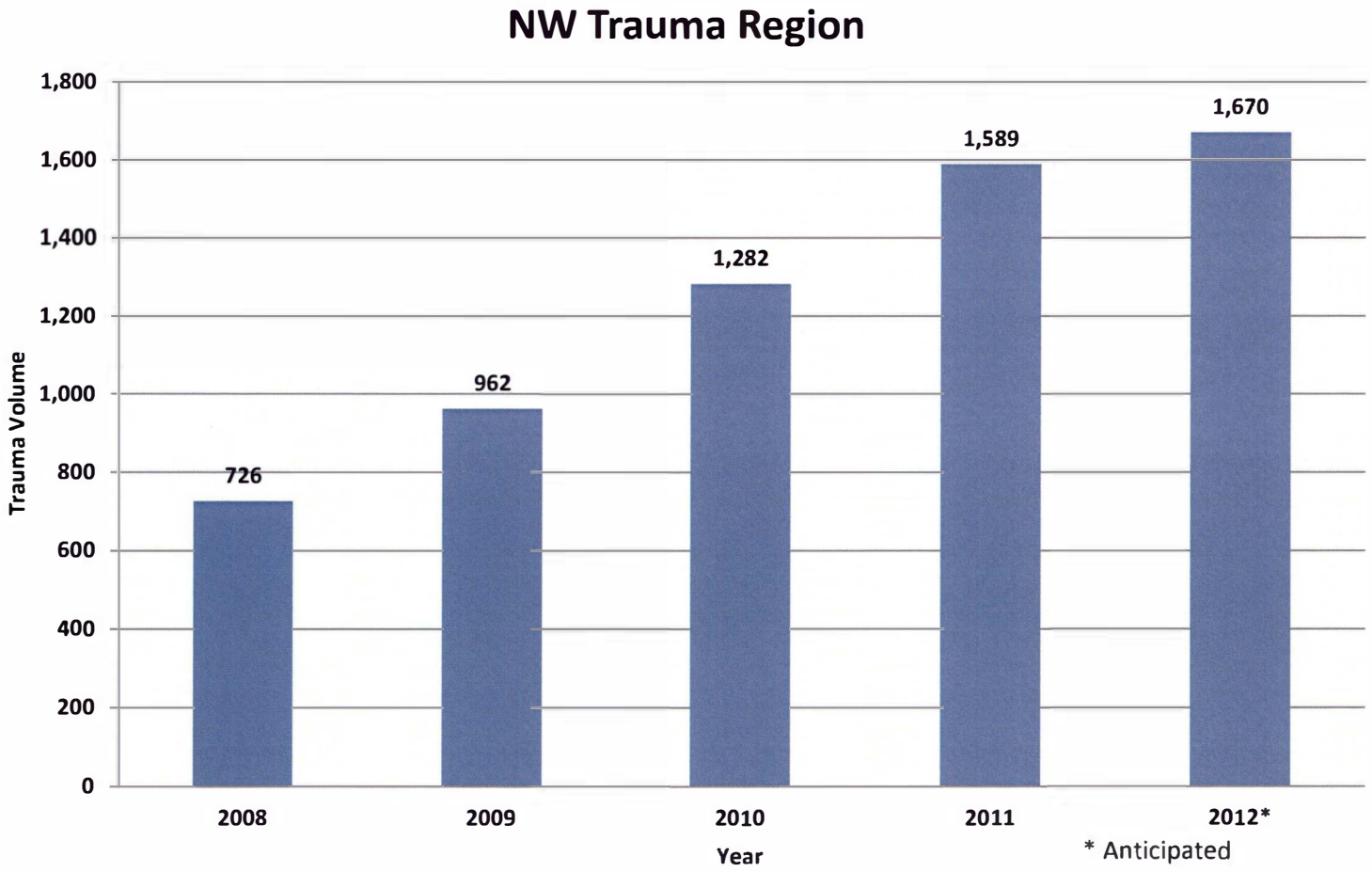
Appendix B

TRINITY HEALTH

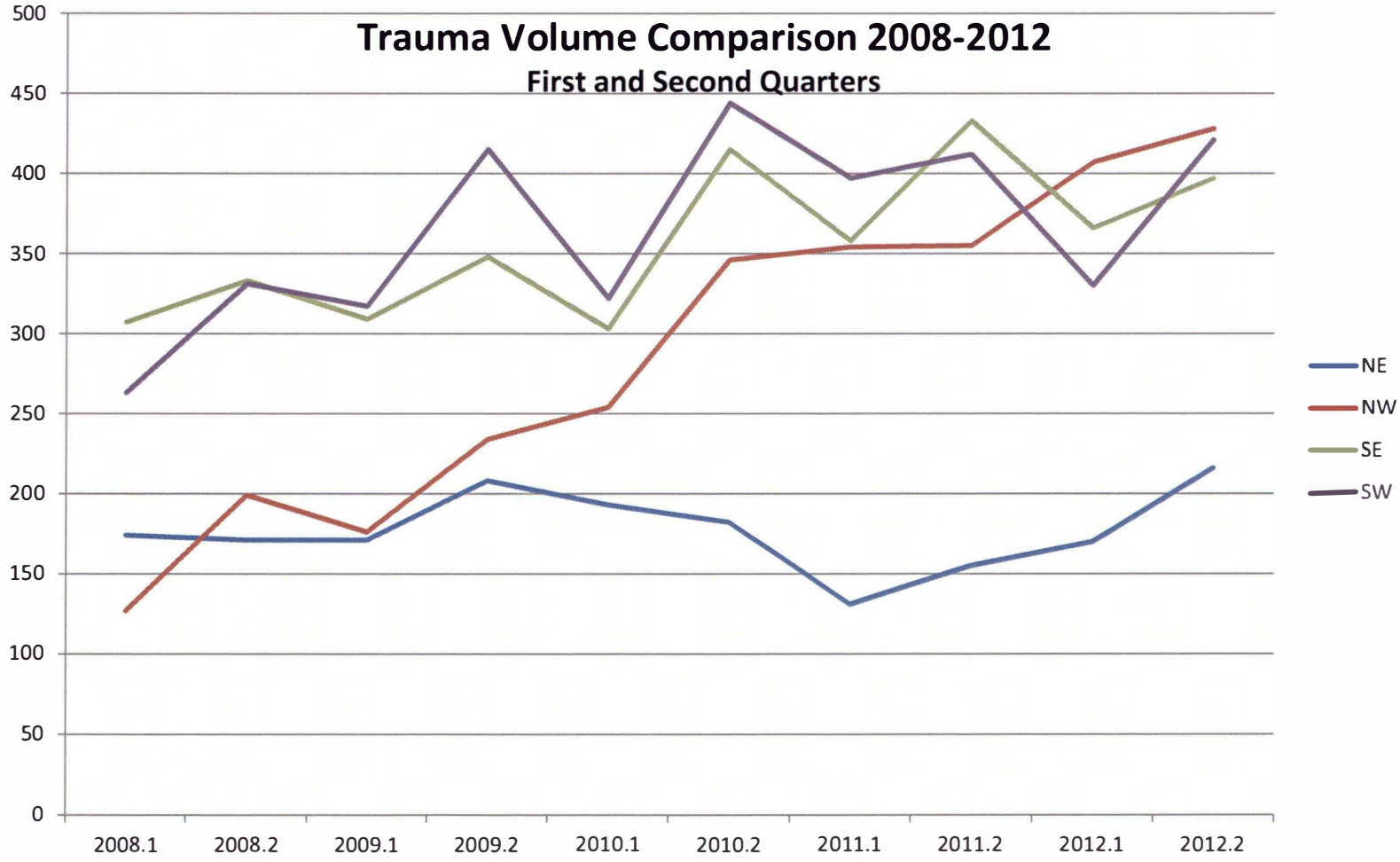


Appendix C

TRINITY HEALTH

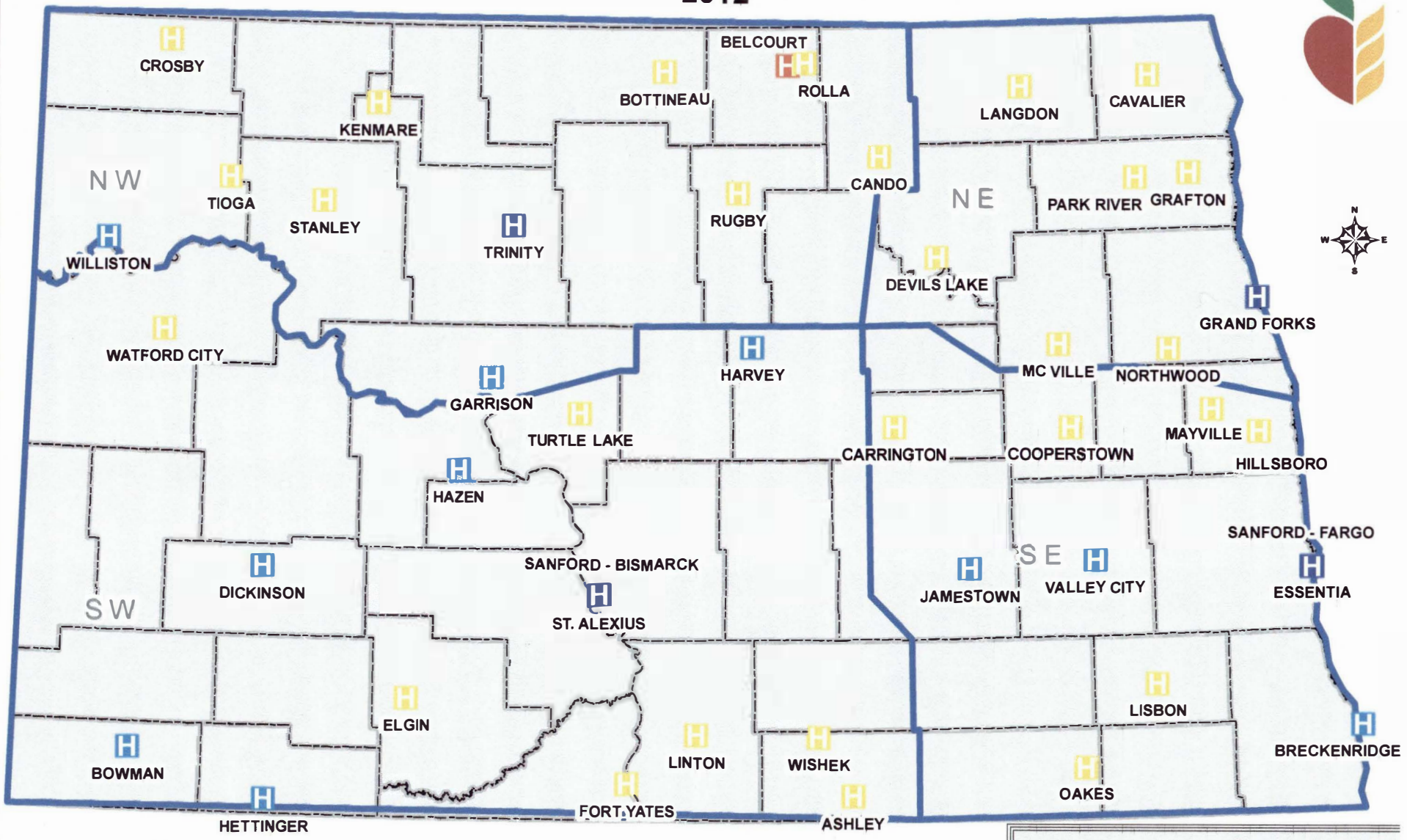

NW Trauma Region
Trauma Volume
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
726
962
1,282
1,589
1,670
2008
2009
2010
2011
2012*
Year
* Anticipated

Appendix D


Trauma Volume Comparison 2008-2012
First and Second Quarters
500
450
400
350
300
250
200
150
100
50
0
2008.1
2008.2
2009.1
2009.2
2010.1
2010.2
2011.1
2011.2
2012.1
2012.2
NE
NW
SE
SW

Appendix E

North Dakota T ma System
2012



Trauma Levels

- 0
- II
- IV
- V

Trauma Re
Counties

North Dakota Department of Health
Division of EMS and Trauma
LBN
11/29/2012

0 15 30 60 Miles

#1

Testimony

Senate Bill 2226

House Human Services Committee

Tuesday, March 12, 2013

Good morning Chairman Weisz and members of the Committee. My name is Shelly Arnold and I am a director of trauma services at a level II trauma center in Bismarck and a current member of the North Dakota Trauma Foundation. I have been involved in the North Dakota Trauma System for the last 17 years and held the position as the State Trauma Coordinator in the past. I am here today in support of SB 2226.

The North Dakota Trauma System has been functioning for many years with minimal resources and heavy reliance on the in-kind support from our six Level II Trauma Centers across the state. Many of the challenges have been met with voluntary commitment and efficient use of existing medical resources; however the demographics of our state are changing due to the oil activity and the number of injured patients steadily increasing. Some critical access hospitals in the western part of the state have more than tripled their emergency room visits in the last five years. Mercy Hospital, in Williston for example would see an average of 8,000 patients pre-oil boom and now is expected to treat 24,000 patients by the end of 2013. Tioga Medical Center has more than tripled their emergency department visits going from an average of 600 visits per year to 2000 and Mountrail County Medical Center in Stanley has reported doubling their emergency room visits. It is obvious that the western part of the state has been heavily burdened, but the state as a whole has been feeling the impact due to the increased number of transfers to our level II trauma centers and increased population leading to more emergency room visits.

The Trauma System's priorities and needs are focused primarily around outreach, education, and providing resources to our rural hospitals and EMS providers throughout the state. We are at the point where our existing resources can no longer sustain the current functions of our EMS and Trauma Systems. The following is an explanation of appropriations and needs of the trauma system.

- **Trauma Designation Site Visits - $77,000 (currently funded at $30,000)**
  State legislation was passed in 2009, requiring all hospitals with emergency departments have a trauma level designation. Level I, II and III trauma designations are reviewed and granted by the American College of Surgeons at a significant cost to the facility and extremely stringent requirements. At this time, level II designation has been achieved by the six largest facilities within the state. The remaining 39 facilities within the state have obtained a level IV or V trauma designation. In order to achieve a level IV or V designation, a site visit needs to be conducted by the State Trauma Coordinator, as well as a Trauma Medical Director and a Trauma Program Manager from one of the level II trauma centers within the state. Each site visit takes an entire day. Successfully achieving a trauma designation means that the facility is held to national quality standards according to their resources. All of these facilities are re-surveyed every 1-3 years based upon the results of their site visit. On average, 30 site visits are conducted each year. The level II facilities are currently reimbursed $800 for each site visit. This money is to help cover the costs of taking the Trauma Surgeon and Trauma Program Manager out of the facility for the day as well as their travel costs. The current funding falls short of covering the costs for the level II centers and does not adequately cover the number of visits required annually. Having trauma level designated facilities is not only mandated by state regulation, but has proven to save lives and improve patient outcomes.

- **ATLS Education for Level IV and V Trauma Centers - $75,000 (currently funded at $20,000)**
  Advanced Trauma Life Support (ATLS) training for all providers (physicians, nurse practitioners and physician assistants) who provide care to trauma patients is a requirement in order to obtain a trauma level designation. A constant turnover of providers in our rural areas has increased the demand for ATLS courses. With ATLS trained providers, patients can expect to receive the same quality and standard of care throughout the state. The course cost per provider is currently $750 and is expected to rise this year. Facilities suffer a financial burden when they must remove their provider from the facility to attend ATLS training. Not only is the facility responsible for the cost of the course and the travel and room expenses, but they are often

required to use locum providers at a premium price to cover clinics or emergency rooms while the provider is attending the course. Assisting to offset at least the cost for the course would help the already financially strapped facilities to send their providers to ATLS training. The current funding is not adequate to meet the needs of all of the providers at level IV and V trauma centers within the state. Current funding that is available is distributed on a first come first serve basis and affords for 13 providers per year to attend the course which significantly falls short of the need.

- **Rural Trauma Team Development Course (RTTDC) - $100,000**
  The RTTDC is a newly implemented course in our state. It has been very evident that there is a huge need for additional education to enhance the skills of the rural trauma team. The RTTDC course focuses on a team approach to treating the trauma patient including providers, nurses, EMS, radiology, lab, etc. The course is taken to the rural hospitals utilizing the resources they have available. There continues to be constant turnover in rural trauma centers and increased utilization of locum providers and travel nurses to deal with staffing shortages and many times these providers may not have the trauma education that is required. There is also a change in the type of trauma patients that are being treated; hospitals are seeing more penetrating, burn, and crush injuries especially in the western half of the state. This course has proven to be beneficial in helping the providers and staff learn to prepare for and appropriately care for these patients. The goal would be to provide 8 courses throughout the state each year (30 participants per course). The cost of each course would be $6,250.
- **State Medical Director - $183,000 (currently funded at $50,000)**
  The State Trauma Medical Director has proven to be a huge resource in providing education and outreach to our rural providers on the evidence based standards of care for injured patients in North Dakota as well as providing leadership on a national level. The expertise that this position has added to the state has proven to be instrumental to the trauma system performance improvement process. Specifically, case review and feedback is provided on all trauma cases that meet quality assurance indicators; this feedback is given directly to those involved in the care. The State Trauma Medical Director provides mentoring to providers and facilities within the state. He also provides trauma specific education and direction to the Regional and

State Trauma Committees. With the current appropriations the contracted position is limited to 20 hours per month and the funding includes all other expenses for this position associated with travel, which is rather extensive in order to attend trauma designation visits and meetings throughout the state. Having an involved and visible State Trauma Medical Director is imperative to the success of the State Trauma System.

- **Associate State Trauma Coordinator - $114,000**

  The State Trauma Program is currently managed with 1.5 FTE's. The work load has increased substantially with trauma level designations visits, education and outreach as well as performance improvement activities. The State Trauma Coordinator is responsible for all the logistics and management of the trauma system. Some of which includes organizing and attending all of the trauma designation site visits, regional and state meetings and the trauma system performance improvement process as well as orientating new trauma coordinators in the rural hospitals, and participating in injury prevention initiatives. The current trauma system has been very challenging for one person to sustain. There is heavy reliance on the level II trauma centers for their support of current trauma system activities. The level II trauma centers have been faced with an increased trauma patient volume as well as stricter requirements by the American College of Surgeon for designation. This has required more time and resources from their Trauma Medical Director and Trauma Program Manager and less time and availability to assist with state trauma system needs. The result is fewer resources to provide the education and outreach that has been done in the past and that is critically needed.

- **State Trauma Registry Support - $160,000**

  It is required by legislation that all hospitals submit trauma data to the state trauma registry. All of the facilities within the state use the same trauma registry program and the annual cost for trauma registry maintenance is $600 for level IV and V trauma centers, $2700 for level II trauma centers and $17,000 for the state trauma registry. These expenses add additional financial burden to the hospitals. The trauma registry is a crucial component of the state's performance improvement process. Data entered into the trauma registry is reviewed by the State Trauma Medical Director, the State

Trauma Coordinator and the Research Analyst on an ongoing basis. Cases that are noted to have quality improvement concerns are brought to the State and Regional Trauma Committees for review, discussion and education on a quarterly basis. This process improves outcomes, reduces morbidity and mortality and identifies system issues that occur. To maintain the registry and retrieve meaningful data, yearly training and updates are required to offset the constant turnover in trauma coordinators and registrars and to assure an accurate and functional registry.

In conclusion we are at a point within our trauma system where we are no longer able to sustain our functions with the current resources that are available. No one is immune to trauma and it can happen to anyone of us at any given time. The trauma system has proven to save lives and reduce disability by getting the right patient to the right resources in the quickest amount of time and it is time to recognize it as part of our state's critical infrastructure. This concludes my testimony and I am happy to answer any questions you may have.

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Executive Offices
1622 E. Interstate Ave.
Bismarck, ND 58503

(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

Testimony
Senate Bill 2226
House Human Services Committee
Tuesday, March 12, 2013; 11:00 a.m.
North Dakota Emergency Medical Services Association

Good afternoon Chairman Weisz, Vice Chairman Hofstad, and members of the committee. My name is Patrick Tracy. I am a member of the North Dakota Emergency Medical Services Association Association's Advocacy Committee and a volunteer EMT with the Maddock Ambulance Service. I am here today in support of SB 2226.

As you know, North Dakota's ambulances are largely staffed by volunteers. A robust trauma system is an important component of the EMS system. It ensures that there is a high level of expertise waiting for the trauma patient when they arrive at the hospital. Fortunately every hospital in our state is required to be a designated trauma center.

I know that the trauma system has operated in our state on a minimal budget. Without the goodwill from our Level II trauma centers the trauma system simply would not exist. And without the trauma system, the rest of the EMS system would not be able to adequately care for these critical patients. EMS needs the trauma system to be fully functional so that expert trauma care is provided at all North Dakota hospitals.

EMS and the state trauma system both have funding shortfalls. For EMS, the funding issues center on high operational costs with low call volume. This makes it impossible to fully fund EMS with the billing process. For trauma, the funding issues center on providing oversight and management of the system and outreach education to ensure quality statewide. Both systems function closely but you cannot solve the issues of one by funding the other.

We ask that you give this bill a Do-Pass recommendation. Supporting the trauma system also supports the mission of every ambulance service and quick response unit in our state.

This concludes my testimony, I am happy to answer any questions you may have.

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NDLA, S HMS - Dvorak, Kirsten

From: Lee, Judy E.
Sent: Friday, April 19, 2013 5:24 PM
To: NDLA, S HMS - Dvorak, Kirsten; NDLA, Intern 02 - Myles, Bethany
Subject: FW: SB2226

Importance: High

Please make copies of this for our conference committee files.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Eberle,Amy [mailto:Amy.Eberle@SanfordHealth.org]
Sent: Thursday, April 11, 2013 3:20 PM
To: Lee, Judy E.
Cc: Vastag,John; Walth,Marnie
Subject: SB2226
Importance: High

Good Afternoon Senator Lee,
First of all I want to thank you again for championing the Trauma System Bill. I know you have taken a great deal of time to get this bill moved forward and we appreciate all you have done. It is very difficult for us within the trauma system to give in on less funding as we feel the request is very reasonable when we are talking about ND lives being saved. With that being said we also realize with the amount of requests going through Appropriations it is very difficult and important to maintain a balanced budget. We have had some discussion and below is a breakdown of what we absolutely need to sustain the trauma system's current functions, although it leaves very little room for advancements we were hoping to make. If you have any questions please feel free to contact me at any time.

State Medical Director - Appropriations reduced to $100,000/biennium + $50,000 included in DoH general funds = $150,000/biennium
We would like to request $150,000 to bring the total up to $200,000/ biennium which would allow for 17hrs/wk + expenses. This position has been so imperative to our system providing education on standards of practice for trauma patients throughout the state. He is able to keep everyone on the same page when it comes to trauma care and it gives hospitals and providers a consistent resource to turn to for questions or issues within the system. He is has also been our link to Disaster, EMS, and National Organizations keeping us informed of current initiatives that are going on.

Associate Trauma Coordinator – Although our system has significantly grown and becoming very difficult for one person to manage, we are willing to give on this in hopes to move the other appropriations through.

ATLS – Appropriations reduced this to $40,0000/biennium + $20,000 included in DoH general funds = $60,000/biennium
We feel this amount would be reasonable as it would allow for 37 providers/year to be reimbursed for the course which is three times the number the current funding would allow. With the amplified use of locum providers for our rural hospitals the demand of this course has significantly increased.

RTTDC – Appropriations reduced this from $100,000 to $50,000

We would like to request $75,000. The average cost to do the course is $6,250 and this amount for allow for 6 courses/year. The need for trauma education in the state especially in the rural hospitals where they treat trauma patients so infrequently is CRUCIAL. This course is a scale down from ATLS, but is taken out to the hospitals to educate them on using the resources they have most efficiently to treat trauma patients. The course has proven to expedite transfers to tertiary trauma centers and in return produce better outcomes for the patients. With the appropriation of $75,000/biennium we could provide 3 courses/region which would have a huge impact.

Trauma Designation Site Visits – Appropriations reduced this to $50,000/biennium + $30,000 included in DoH general funds = $80,000/biennium

We feel this amount would be reasonable as it would allow for 33 visits/year reimbursing the level II hospitals for conducting the visits.

Trauma Registry - Appropriation omitted all funding for the trauma registry.

We would like to request at least $50,000 that would cover strictly the state maintenance fee of $17,000/biennium along with appropriations for training for our registry users. This for us within the trauma system is very important and we need to keep our trauma registry functioning. The registry is the foundation for monitoring the trauma system activities and the care that is provided to each trauma patient. Without the registry we would not be able to determine the types of injuries that are occurring, the cause and location of injuries, the care that is provided, where our patients are being transferred to etc. Basically this our way of making the making sure the injured patient is getting to the right place in the right amount time and receiving the best possible care centered on evidence based standards of care.

I believe there is a misconception out there regarding the trauma registry. One of the comments seemed to focus on the need of individual registries such as STEMI, Stroke and Trauma due to the Health Information Network and electronic health records. Although consolidation may be an option in the future, it is a long ways off. Probably the farthest for trauma due to the unique data collected that is required. Electronic health records are currently not able to capture pertinent data to trauma care. Even our large hospitals are still using a paper trauma flow sheet due to the complexities and inability to incorporate the needed information into the electronic health record. What we require is in congruence with the national standards so until the problem is solved nationally, I don't see the trauma registry going away and therefore it deserves to have dedicated funding.

Amy Eberle, RN
Trauma Coordinator
Sanford Health
Bismarck ND
Phone: 701.323.2939
Email: Amy.Eberle@SanfordHealth.org