



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**REGIONAL TRAUMA ADVISORY BOARD**

**July 19, 2017 - 2:30 P.M.**

**MEMBERS PRESENT**

Sean Dort, MD, Chair, St. Rose Siena Hospital	John Fildes, MD, UMC
Chris Fisher, MD, Sunrise Hospital	Alma Angeles, RN, Sunrise Hospital
Kim Cerasoli, RN, University Medical Center	Kim Dokken, RN, St. Rose Siena Hosp
Scott Kerbs, UMC (Alt.)	Daniel Llamas, Sunrise Hospital (Alt.)
Amy Doane, System Finance/Funding (via phone)	Kelly Taylor, Payers of Medical Benefits
Shirley Breeden, Public Representative (via phone)	Danita Cohen, Public Relations/Media
Sajit Pullarkat, Administrator, Non Trauma Hospital	Erica Nansen, Health Education & Injury Prevention
Jason Driggers, Paramedic, Private EMS Provider	

**MEMBERS ABSENT**

Tressa Naik, MD, MAB Chairman	Danita Cohen, UMC
Erin Breen, Legislative/Advocacy	Margaret Russitano, RN, Rehab Services
Frank Simone, Paramedic, Public EMS Provider	

**SNHD STAFF PRESENT**

John Hammond, EMSTS Manager	Christian Young, MD, EMSTS Medical Director
Michael Johnson, PhD, Director of Community Health	Laura Palmer, EMSTS Supervisor
Judy Tabat, Recording Secretary	Heather Anderson-Fintak, Associate Attorney
Annette Bradley, Attorney	Jessica Johnson, OCDPHP

**PUBLIC ATTENDANCE**

Stacy Johnson, Mountain View Hospital	Carl Bottorf, AMR-Air Nevada
Leonard Freehof, Spring Valley Hospital	Stephanie Lim, Spring Valley Hospital
Billy Meyer, Sunrise Hospital	

**CALL TO ORDER – NOTICE OF POSTING**

The Regional Trauma Advisory Board (RTAB) convened in the Red Rock Trail Conference Room at the Southern Nevada Health District, located at 280 S. Decatur Boulevard, on July 19, 2017. Chairman Dort called the meeting to order at 2:30 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Dort noted that a quorum was present.

**Welcome:** Erica Nansen, representing the non-standing RTAB member seat for Health Education and Injury Prevention Services

Dr. Dort introduced Erica Nansen from UMC and welcomed her as a new member of the Regional Trauma Advisory Board

**I. PUBLIC COMMENT**

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

Chairman Dort asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

**II. CONSENT AGENDA**

Chairman Dort stated the Consent Agenda consisted of matters to be considered by the RTAB that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Regional Trauma Advisory Board Meeting: 04/19/2017

Chairman Dort asked for approval of the minutes from the April 19, 2017 meeting. *A motion was made by Member Fildes, seconded by Member Taylor and passed unanimously to approve the minutes.*

**III. CHIEF HEALTH OFFICE REPORT: Dr. Iser**

No report given

**IV. REPORT/DISCUSSION/POSSIBLE ACTION**

A. Committee Report: Southern Nevada Injury Prevention Partnership (SNIPP) (7/17/17)

- Nominations for Chairman and Vice Chairman
- Update on Trends in Non Accidental Trauma

Ms. Palmer stated that they have been unable to have quorum for SNIPP since April 2016 and there is no chairman or vice chairman. She added that her office is very passionate about injury prevention but they can't get quorum together for this meeting. She asked the Board for guidance on what the next step should be.

Dr. Fildes stated that the RTAB is fortunate to have a new member for health education injury prevention that should and could be tasked to try and revive that list and those people because the early work done by that group was very impressive.

Ms. Cerasoli added that she has a new injury prevention coordinator that started 2 days ago and she will ask her to be a part of that meeting.

Ms. Palmer asked the Board members to submit the contact information of anybody they feel would be interested in this committee to her office. She added that they would rather not dissolve the meeting but the work that goes into putting meetings together quarterly for nothing for over a year is getting painful.

B. Committee Report: RTAB Member Nominating Committee

Discussion of RTAB Member Applications for Non-Standing RTAB Member Seat for Terms Expiring June 30, 2017

Dr. Dort reported that this committee met earlier where they reviewed the nominations for the non-standing member seats listed below:

- Administrator from a Non-Trauma Hospital System – Sajit Pullarkat
- Public EMS Transport Representative – Frank Simone
- Private EMS Transport Representative – August Corrales
- Rehabilitation Representative – Billy Meyer
- Funding/Financing Representative – Jeff Ellis

A motion was made by Member Angeles, seconded by Member Dokken, and passed unanimously to approve those members selected by the Regional Trauma Advisory Board Nominating Committee.

C. Committee Report: Trauma Needs Assessment Taskforce (04/19/17; 05/16/17; 06/20/17)

- Review/Discuss Presentation of Sample Level III Business Case Analysis
- Review/Discuss SNHD Trauma Needs Assessment Tool

Dr. Fildes stated that the TNAT continues to advance their understanding of relevant measures in terms of defining what data sources should be used reliably and how they should be used. The TNAT is assigning a weight to each of the six domains of the SNHD Trauma Needs Assessment Tool. This information was passed back to the OEMSTS for guidance on how to evolve the tool both through a data dictionary and writing a process.

D. Renewal of Authorization of Sunrise Hospital and Medical Center as a Level II Trauma Center

Mr. Hammond informed the Board that Sunrise Hospital and Medical Center submitted an application requesting authorization to continue to operate as a Level II trauma center.

A motion was made by Member Fildes, seconded by Member Dokken, and passed unanimously to approve Sunrise Hospital and Medical Centers' application for renewal of authorization.

E. Trauma Field Triage Criteria Data Report

Ms. Palmer reported that the system in a 1 year period from 4/2016 thru the end of March 2017 saw 7744 TFTC patients with a system low of 530 patients and a system high of 971. She referred to the TFTC transports by month/year and stated that from January 2017 through May 2017 they have seen 4, 354 patients which is almost at the 2010 level of 4, 771.

Dr. Fildes commented on a discussion in an earlier meeting that ground level falls have surpassed motor vehicle accidents as a reason to take patients to trauma centers. It used to be that trauma centers never treated ground level falls because it is a low energy mechanism. Since they are now receiving those patients he felt that might be part of the reason why with just in a period of 4 months there has been a really significant uptick.

Dr. Fisher felt it was population related. He stated that with the economy improving the city is growing again.

Ms. Palmer reported the following trauma transport data for 1<sup>st</sup> quarter of 2017:

1<sup>st</sup> Quarter - Total Trauma Transports = 2492; (2261 adult; 231 pediatric)

January 2017

- Total Transports = 787; (710 adult; 77 pediatric)
- UMC = 620; (554 adult; 66 pediatric)

- Sunrise = 106; (98 adult; 8 pediatric)
- St. Rose Siena = 61; (58 adult; 3 pediatric)
- Out of area 3%

February 2017

- Total Transports = 734; (662 adult; 72 pediatric)
- UMC = 609; (543 adult; 66 pediatric)
- Sunrise = 91; (86 adult; 5 pediatric)
- St. Rose Siena = 34; (33 adult; 1 pediatric)
- Out of area 2%

March 2017

- Total Transports = 971; (889 adult; 82 pediatric)
- UMC = 742; (669 adult; 73 pediatric)
- Sunrise = 167; (161 adult; 6 pediatric)
- St. Rose Siena = 62; (59 adult; 3 pediatric)
- Out of area 4%

**V. INFORMATION ITEMS / DISCUSSION ONLY**

A. Report from Public Provider of Advanced Emergency Care

No report given

B. Report from Private Provider of Advanced Emergency Care

Mr. Driggers stated there were no items to report.

C. Report from General Public Representative

Ms. Breeden stated there were no items to report.

D. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there was nothing specific to report but was open to feedback with issues in the past in terms of data from the Health District or otherwise. He added that he would be willing to help in any way.

E. Report from Rehabilitation Representative

No report given

F. Report from Health Education & Prevention Services Representative

Ms. Nansen stated it was a privilege to be nominated for this position and looks forward to learning and contributing to the RTAB. She reported the following scheduled health education and injury prevention events:

- Active Shooter/Mass Casualty Lecture - 7/26/2017 6:30-8:00pm
- Stop the Bleed Training (Sessions are scheduled privately #383-1817)
- Henderson Fire Department Open House - 8/12/2017 11:00-2:00pm
  - UMC staff provides care seat demos
- Prevent Child Abuse Advisory Board meeting – 8/22/2017 8:30-3:00pm
- Every 15 Minutes – 9/07/2017 Faith Lutheran School
- Henderson Fire Department Open House – 9/09/2017 11:00-2:00pm
  - UMC staff provides care seat demos
- Car Check Event – 9/16/2017 8:00-2:00pm
- KohlsCares4U/CHNV Bike Rodeo – 9/23/2017 9:00am-noon

Dr. Fildes commented that the Stop the Bleed training is a program that has come out of the federal government and the American College of Surgeons (ACS) that was formulated in

response to the Sandy Hook shootings. This course can be rapidly taught and is highly portable.

Dr. Fisher agreed adding that Stop the Bleed was one of the big topics at the conference he attended this year and encouraged everyone to attend this training.

Dr. Fildes brought up the earlier conversation with regard to patients with ground level falls surpassing the number of patients in motor vehicle crashes and becoming the number one mechanism of injury in the valley. He added that pedestrians and auto occupants have significant coalition to represent their safety issues whereas there really is nothing like that for people who fall in their home and are injured. He felt this issue deserves a conversation for how this group might reach out to others and begin to create some community wide awareness and intervention.

Mr. Driggars stated that AMR was a part of a community paramedicine program providing services when a short-term intervention was needed. He gave examples of doing a safety survey of the patient's home looking for loose rugs and hand rails. He stated that program has not been functioning for the past 2 years but it is anticipated to come back online at the beginning of next year.

Mr. Hammond stated he recalled geriatric program through SNIPP. Ms. Dokken stated the program was through the American Trauma Society Geriatric Falls Program.

Dr. Fildes stated that those programs have to be re-energized and re-focused adding that there are resources out there to pick up on.

G. Report from Legislative/Advocacy Representative

No report given

H. Report from Public Relations/Media Representative

Mr. Kerbs stated there were no items to report.

I. Report from Payer of Medical Benefits

Ms. Taylor stated there were no items to report.

J. Report from System Finance/Funding

Ms. Doane stated there were no items to report.

**VI. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Dort asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

**VII. ADJOURNMENT**

There being no further business to come before the Board, *Chairman Dort adjourned the meeting at 3:00 p.m.*