



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

July 18, 2018 - 1:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chair, UMC
Sean Dort, MD, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital
Sajit Pullarkat, Administrator, Non-Trauma Hospital
Kelly Taylor, Payers of Medical Benefits (via phone)
Scott Kerbs, Public Relations/Advocacy (Alt.)
Cassandra Trummel, RN, Health Education

Lisa Rogge, RN, University Medical Center
Kim Dokken, RN, St. Rose Siena Hospital
Kim Royer, RN, Sunrise Hospital
August Corrales, Paramedic, Private EMS Provider
Erin Breen, Legislative/Advocacy
Carl Bottorf, General Public

MEMBERS ABSENT

Frank Simone, Paramedic, Public EMS Provider
Tressa Naik, MD, MAB Chairman

Jeff Ellis, System Financing/Funding
Billy Meyer, RN, Rehabilitation Services

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Michael Johnson, PhD, Director of Community Health
Christian Young, MD, EMSTS Medical Director
Lei Zhang, Sr. Informatician
Judy Tabat, Recording Secretary

Laura Palmer, EMSTS Supervisor
Chad Kingsley, Regional Trauma Coordinator
Scott Wagner, EMS Field Rep
Jessica Johnson, SNHD Health Educator

PUBLIC ATTENDANCE

Tony Greenway, Valley Health System
Sharon Smith, Flying ICU
Stephanie Lim, Spring Valley Hospital
Dorita Sondereker, Sunrise Hospital

Kelly Stout, Bailey Kennedy
Stacy Johnson, MountainView Hospital
Dan Shinn, Sunrise Health

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 18, 2018. Chairman Fildes called the meeting to order at 1:30 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fildes noted that a quorum was present.

Dr. Fildes welcomed the new RTAB non-standing members:

Carl Bottorf, representing the General Public

Cassandra Trummel, representing Health Education and Injury Prevention Services

Erin Breen, representing Legislative/Advocacy

Kelly Taylor, representing Payers of Medical Benefits

Danita Cohen, representing Public Relations/Media

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 Fildes 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 Fildes 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: 06/07/2018

Chairman Fildes asked for approval of the minutes from the June 07, 2018 meeting. *A motion was made by Member Corrales, seconded by Member Fisher and passed unanimously to approve the minutes.*

III. CHIEF HEALTH OFFICE REPORT

No report.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Medical Advisory Board Recommended Changes to Step IV of the TFTC Protocol

Ms. Palmer related the EMS agencies have expressed concern regarding the current verbiage for Step IV patients. There is confusion that taking Step IV patients to a trauma center is "optional" and they don't necessarily need to be seen at a trauma center. The issue was brought to the attention of the Medical Advisory Board (MAB) who suggested the following revisions to rectify the problem. She referred the Board to Step IV of the TFTC Protocol and stated the MAB's recommendation was to remove "...or system considerations, such as:" from the first line. In addition, they added verbiage at the end to read, "The patient MUST be transported to a Level I, II, or III centers for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility". Ms. Palmer noted it is the same verbiage as for Step III patients and will provide EMS providers with consistency and reinforce that Step IV patients need to be seen at a trauma center.

Dr. Fildes shared the deliberations of the panel that was convened by the CDC to rewrite the TFTC. Their deliberations are published in the January 2012 MMWR. He stated that when they created the four steps they were trying to get the right patients the right care, at the right place, at the right time. They were trying to avoid the added expense of over-triage or exaggeration of care. They left Step IV as optional to be deliberated at the local level.

Dr. Fildes recalled the RTAB has discussed in the past that Step IV patients should mandatorily be seen at a trauma center. He stated it's important to understand that that's not universally accepted around the U.S., but it would put our trauma system above the bar, as opposed to falling below the bar. He added that there is no doubt it will add extra expense for ordinary injuries that might otherwise be treated in a regular emergency department.

A motion was made by Member Fisher to approve the revisions made to Step IV of the Trauma Field Triage Protocol as written. The motion was seconded by Member Corrales and unanimously carried by the Board.

B. Review/Discuss Trauma Regulations

C. Review/Discuss Trauma System Plan

Dr. Fildes noted that agenda items B&C are related and can be discussed concurrently. He stated that one of the tasks given to the OEMSTS at the last meeting was to have them read through the Trauma System Regulations and find a place to embed the TNAT (Trauma Needs Assessment Tool). He referred the Board to Section 300 I. of the Trauma Regulations and stated that it's the first place in the regulatory language where the demonstration of need is introduced, which may be the most appropriate place for the TNAT to be linked to the Trauma Regulations. Dr. Fildes asked for the Board's input on the verbiage that should be included, and whether it needs to be reviewed by SNHD's legal counsel.

Mr. Hammond stated agenda items B&C is a review of the two trauma documents and they need to be careful about discussing amending the Trauma Regulations as that needs to take place at a publicly noticed workshop. He suggested they add language such as, "Demonstrate a need based on the SNHD OEMSTS' Trauma Needs Assessment Tool. Ms. Dokken suggested they also link the TNAT to the PI (Performance Improvement) Plan. Mr. Hammond stated they could make language changes to the PI Plan and procedures because those won't be state mandated workshops.

Dr. Fildes felt that the process for authorization needs to state the TNAT which would mean a regulation change. He added that he would accept the verbiage that Mr. Hammond proposed as a solution to link the Trauma Regulations and the TNAT.

Dr. Fildes noted that the RTAB and TMAC were not defined in the Trauma Regulations and suggested they both be new definitions added to Section 100. He added that he didn't find a connection to the Trauma System Plan in the regulations and questioned what would be the appropriate way to direct the reader to the Trauma System Plan as the next level of guidance.

Mr. Pullarkat questioned when the OEMSTS can start accepting applications. Mr. Hammond stated the language currently written in regulations would be acceptable since it states that it will be based on a demonstrated need and that is the tool that we all agreed to be using.

Dr. Fildes felt that it makes perfect sense to have a tool developed that doesn't necessarily have to be in regulation. He envisioned it as an assistive tool that would be a specific checklist in sequence of what steps need to be satisfied in an application authorization process.

Ms. Dokken agreed and stated she would be happy to help develop the checklist.

Dr. Fisher stated that if you have a checklist, you will have to reference that checklist in the regulations.

Mr. Hammond stated that they reference those kinds of documents broadly, so they are not pigeonholed.

Dr. Fildes envisioned it as being easy to follow by downloading an application that would flow through the pathway from beginning to end.

Ms. Dokken stated that she wants more time to go through the documents adding that as a maturing trauma system these documents need to be scrutinized.

Dr. Fildes suggested that everyone on this Board contribute and try to create this checklist so

that it assists in building a model trauma system.

Ms. Dokken referred to Section 200, subsection 200.300 of the regulations. It states, “Hospitals receiving trauma Patients shall participate in the trauma system quality improvement activities”. She questioned whether this language needs to be cleaned up.

Mr. Hammond agreed adding that the language could be tidied up but felt that they don’t want to be so specific and turn TMAC into an unwieldy committee of 16 individuals.

Dr. Fildes suggested taking it further by having a regional TQIP collaborative. Ms. Dokken agreed. Dr. Fildes questioned if that would appear in regulation that an authorized and designated center “must” as opposed to “should” participate in a TQIP collaborative or keep it in the Trauma System Plan or PI Plan.

Mr. Hammond stated that if they are going to make it a directive, using language like “must” and “shall” so we can have some authority.

Dr. Fildes asked to add that thought to the list of items to be considered for the regulation change. He also suggested when developing the checklist that there should be some sort of a timeline or some sort of a schedule assigned to this and asked that they put that back on the agenda for next month to discuss possible ways to introduce a schedule so that it is not open ended.

Ms. Dokken suggested referencing the fees section.

Mr. Hammond questioned what the most efficient way would be to put this together as an easier reference.

Dr. Fildes expressed the fact that there is a style and etiquette to produce these sorts of documents that flows throughout the health district in the various divisions. He asked that they receive that back from them as a report for next month to see some uniformity between the divisions of the Health District.

D. Committee Report: Trauma System Advocacy Committee (TSAC) (7/17/2018)

Ms. Breen reported that the TSAC decided to pursue a user’s fee on every vehicle insurance policy and homeowner’s policy. They have meetings scheduled with the insurance industry to gain their support. She stated that their wish list is to have at least a democrat and a republican from the Senate and from the Assembly be the co-sponsors of the bill, so they have a little more broad-based support. She hopes to have more to report by October.

E. Committee Report: Southern Nevada Injury Prevention Partnership (SNIPP) (07/16/2018)

Ms. Johnson reported that the SNIPP committee met on July 16th with an emphasis to revisit the bylaws. They decided to form a workgroup that will meet on September 17th to review the bylaws and bring ideas to the table evaluating how they should report to the RTAB and what the best strategy is to move forward as a group.

F. Trauma Field Triage Criteria Data Report for 1st Quarter 2018

Mr. Kingsley reported the following trauma transport data for 1st quarter 2018:

Total Trauma Transports = 2650 (2416 adult; 234 pediatric)

- UMC: 2030; (1805 adult; 225 pediatric)
- Sunrise: 449; (449 adult; 0 pediatric)
- St. Rose Siena: 171; (162 adult; 9 pediatric)
- Out of area transports: 6%

Mr. Kingsley noted that they have been seeing a slight increase in the out of area transports especially in February and March. This has been recognized that this is due to Project Neon and traffic barriers and once Neon is wrapping up they should see a downward trend.

Dr. Fildes stated that patients that are transported with anatomic or physiologic TFTC tend to be the sickest and it has held steady at 10-11% across the Board. He noted that the number of patients discharged on the day of arrival is 64% plus which means 2 out of 3 transported to trauma centers go home right after they arrive. He felt this is tied to the volume increase because they've widened the base by bringing up Step IV. He was impressed at the low mortality and transfer rates compared to the national level

G. Discuss Proposed Revisions to the EMSTS Fee Schedule

Mr. Kingsley reported that an analysis was done on the cost fees for initial authorization and renewal re-authorization applications. The current fee for the initial application is \$3273.00 and \$1,011.00 for renewal applications. After calculating actual time on task adding in salary, fringe, overhead and administrative costs calculated by the Health District's Finance Department, the final calculation for initial applications has been increased to \$7702.00, and a renewal application increased to \$2,850.00. He added that there have been 3 publicly noticed workshops held without any objections or problems.

Dr. Fildes reported that this will be heard at the Board of Health meeting on July 26, 2018 at 8:30 a.m. who will be the final decider.

Ms. Taylor questioned if there was any further discussion on an additional fee category for a trauma center who is increasing their level.

Mr. Hammond stated that it hasn't been discussed further. He felt that they can use a renewal fee since that center is already a trauma center and a public records request can be used for any additional data that needs to be gathered.

Ms. Dokken informed the Board that most ACS states that have a BOH, there are (2) fees. In Nevada and Southern Nevada there are (3) fees so it adds a burden to the renewal and initial application. She wants to make sure the costs are calculated well and that all the planning that went into the needs assessment should make it streamlined.

H. Discussion of Possible Meeting Dates for Upcoming RTAB Meeting

Dr. Fildes informed the Board that he had a dialogue with staff about the availability of this conference room. The availability of key personnel and the desire to continue the work of completing these checklists and regulations so that in fairness, hospitals that want to submit applications can do so sooner rather than later. He advised that the following dates are being suggested: 8/27, 9/12, 10/8 from 2:30 – 3:30 p.m. If the work of the RTAB relative to this matter is completed, then we would then go back to the quarterly meeting schedule.

Mr. Kingsley remarked that this conference room is always booked, and these are the last few dates left for the entire year. The end of August will provide us enough time to begin to publicly notice, and then this would also help to expedite the regulation changes.

The Board agreed.

V. **INFORMATIONAL ITEMS / DISCUSSION ONLY**

A. Report from Public Provider of Advanced Emergency Care

No report

B. Report from Private Provider of Advanced Emergency Care

Mr. Corrales reported that there has been an operational change at MedicWest Ambulance. Jesse Chmielewski has been named the new Operations Manager.

Ms. Dokken asked Mr. Corrales to send out his contact information.

C. Report from General Public Representative

Mr. Bottorf stated he wants to learn his role as the representative of the general public. He

asked the Board if anyone had any knowledge of a PowerPoint presentation that could be used by him to show to anyone who wants to learn and understand the Southern Nevada Trauma System.

Ms. Hammond stated he would look for one.

D. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there were no items to report.

E. Report from Rehabilitation Representative

No report

F. Report from Health Education & Injury Prevention Services Representative

Ms. Trummel reported that LVMPD Traffic Bureau is holding an event called the Summer Citywide Block Party on July 27th from 5:00 p.m. to 9:00 p.m. It will be held at Veterans Tribute Career & Technical Academy and will include child safety seat checks and free bike helmets.

The Nevada Public Health Foundation is presenting "Training for Mandatory Reporters" on August 22, 2018 from 1:30 p.m. to 2:45 p.m. This will be held at the Westcare Foundation and CEU's are available.

UMC is hosting a Pediatric Trauma & Burn Conference. It is geared towards healthcare professionals or anybody who works with kids in traumatic events. It is August 15th, it is \$90, and you get 8 CME's at least for EMS, Nurses and MD's.

The L.V. Mayor's Faith Initiate is hosting a recovery seminar and resource fair on Saturday, September 1, 2018 from 10:00 a.m. to 2:00 p.m.

G. Report from Legislative/Advocacy Representative

Ms. Breen reported on the following legislative efforts:

- Change the yield for pedestrian's law to stop for pedestrians.
- Allow each entity to set the time of their school crossing zones.
- Increase the fines on people driving with their cell phones.
- Allow pedestrians to start crossing a street while the countdown timer is counting down.
- Camera citations for red light runners.

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

No report.

Dr. Young reported that one of their former graduates, Justin Sunspod, an emergency physician, is back continuing active work on research and literature with drowning prevention. They have a new public information campaign that is going to be released soon called "Not out of the Water". There is also a website notoutofthewater.com which has information items to look at this concept of dry drowning. He advised that it is a useful resource that is well referenced.

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 Fildes 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 Fildes called for a motion to adjourn. *A motion was made by Member Trummel, seconded by Member Dokken and passed unanimously to adjourn at 2:29 p.m.*

DRAFT