



**MINUTES**  
**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**  
**DIVISION OF COMMUNITY HEALTH**  
**REGIONAL TRAUMA ADVISORY BOARD (RTAB)**  
**October 8, 2018 - 1:30 P.M.**

**MEMBERS PRESENT**

John Fildes, MD, Chair, UMC	Lisa Rogge, RN, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital	Chris Fisher, MD, Sunrise Hospital
Kim Royer, RN, Sunrise Hospital	Jeff Ellis, System Financing/Funding
Sajit Pullarkat, Administrator, Non-Trauma Hospital	August Corrales, Paramedic, Private EMS Provider
Kelly Taylor, Payers of Medical Benefits	Erin Breen, Legislative/Advocacy
Billy Meyer, RN, Rehabilitation Services	Cassandra Trummel, RN, Health Education
Kim Dokken, RN, St. Rose Siena Hospital (via phone)	Danita Cohen, Public Relations/Media

**MEMBERS ABSENT**

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

**SNHD STAFF PRESENT**

John Hammond, EMSTS Manager	Christian Young, MD, EMSTS Medical Director
Michael Johnson, PhD, Director of Community Health	Chad Kingsley, Regional Trauma Coordinator
Heather Anderson- Fintak, Associate General Counsel	Lei Zhang, Sr. Informatician
Judy Tabat, Recording Secretary	

**PUBLIC ATTENDANCE**

Larry Johnson, Community Ambulance	Tony Greenway, Valley Health System
Georgi Collins, HCA	Stacy Johnson, MountainView Hospital
Kelly Kern, MountainView Hospital	Mason VanHouweling, UMC

**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 October 8, 2018. Chairman Fildes called the meeting to order at 1:34 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.

**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: 07/18/2018

Chairman Fildes asked for approval of the minutes from the July 18, 2018 meeting. A motion was made by Member Dort, seconded by Member Fisher and passed unanimously to approve the minutes.

## **III. CHIEF HEALTH OFFICE REPORT**

No report.

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

### **A. Review/Discuss Question 4A of the Trauma Needs Assessment Tool to set the percentage at 10%**

Mr. Kingsley related that from a previous review it was noted that the percentage had not been determined on question 4A of the Trauma Needs Assessment Tool (TNAT).

Dr. Fildes stated that his recollection of that discussion of patients with an ISS >15 discharged from acute care facilities not designated as trauma centers has been studied intensively and that the committee didn't feel that was a heavily weighted item.

Mr. Hammond stated that question is only to be completed for applicants who are already established in the trauma system and are seeking out designation upgrade.

Dr. Dort felt that if this question is to be used for upgrades then the words in 4A, B, & C should be changed from non-trauma center to read Level II or Level III trauma center.

After considerable discussion it was decided to table the discussion until they clarify the aspect of the question.

Chairman Fildes asked for a motion to table this discussion and to develop new language for question 4A of the TNAT that is more appropriate for upgrades from a Level III to a Level II or a Level II to a Level I. A motion was made by Member Dort, seconded by Member Fisher and unanimously carried by the Board.

### **B. Review/Discuss TMAC Bylaws**

Dr. Dort noted that there are 6 standing members who show up for every meeting and then there are 6 other standing members of different specialties that almost never show up. This makes it difficult if any one of them can't make a meeting then there is no quorum. The Trauma Medical Audit Committee (TMAC) voted to change the TMAC Bylaws to reflect the standing members as the trauma medical directors and trauma program managers and create an ad hoc membership to be invited when needed. They are going to encourage their attendance, but not going to let it stop them from meeting anyway. They would like to find people who are enthusiastic and will come to these meetings to discuss issues that apply to these subspecialties in their medical audits.

Chairman Fildes asked for a motion to approve the TMAC Bylaws with the suggested changes. A motion was made by Member Fisher, seconded by Member Taylor and unanimously carried by the Board

C. Trauma Field Triage Criteria (TFTC) Data Report for 2<sup>nd</sup> Quarter 2018

Mr. Kingsley reported on the trauma transport data for 2<sup>nd</sup> quarter 2018.

Total Trauma Registry Patients = 2,475

April 2018 = 845

May 2018 = 847

June 2018 = 783

Mr. Kingsley noted that they have been seeing an increase in the out of area transports going from 8 to 12%. 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 there is a dramatic bump from 2016 to 2017 noted on the TFTC Transports by Month/Year. He questioned if that could be associated with the adoption of Step 4 criteria for transport to trauma centers.

The Step IV patient was added prior to 2016 and it is speculated that crews have recently begun preferentially triaging those patients to trauma centers. The TFTC protocol was updated this year to change Step 4 for clarity for our providers so that change may reflect the numbers in January when the agencies are trained.

Dr. Fildes stated that seeing the numbers for patients transported to a trauma center doubling in one year and then seeing the rate of discharge for adults rise to 58%, paints the picture of overuse and perhaps giving equivalent care at higher cost without any improved outcomes. He felt that this needs to be paid attention to. He asked Dr. Johnson if there are other committees to articulate this problem to at the Health District.

Dr. Johnson stated that he could certainly make a recommendation to the Board of Health about his concern or direct staff to investigate this.

Dr. Young felt that the amount of ground level falls in elderly patients is staggering and getting worse. The idea behind Step IV patients is to capture those people that may not have gone to a hospital and then had a bad outcome.

Dr. Fisher questioned if there was any data or capture points on Step IV patients ISS or discharge rates.

Dr. Fildes stated that criteria require that they are admitted or died. If treated and released they are not technically entered in the trauma registry. He added that they would need to go to the uniform discharge data set and try to back track and then use the mean ISS derived by ICD-9 calculation which would be a lot of work.

Dr. Fisher questioned how many of those special consideration geriatric trauma patients get admitted for non-traumatic causes to the hospital. The trauma centers might have to look at obtaining those records of patients that were admitted getting their ISS information. He felt that a snapshot of a month or two might give them an idea of where those numbers fall.

Dr. Fildes felt that this discussion needs to be ongoing because this change in the TFTC criteria liberalizes TFTC above and beyond both the Centers for Disease Control (CDC) and American College of Surgeons (ACS).

Mr. Hammond agreed and felt that the focus study suggested would likely reduce the number of special consideration patients.

D. Update on Trauma Regulations/Trauma System Plan

Mr. Kingsley reported that they have scheduled 3 public workshops for the trauma regulations on 10/9/2018 at 3:00pm; 10/12/2018 at 2:30pm; and 10/17/2018 at 2:30pm and then the RTAB will meet on November 28, 2018 for a final review. He added that his office has received applications from Centennial Hills and Spring Valley Hospital for initial authorization as a center for the treatment of trauma and have heard interest from 2 other hospitals. He stated

that they wanted in good faith make it known to all hospitals in the valley that trauma applications are open, so they have put a December 1<sup>st</sup> deadline. In January, the RTAB will be hearing the first of those hospitals that will be presenting and then from there, the Board of Health (BOH) will decide when to address those trauma center applicants. He informed the board that he has developed a Trauma Catchment Area Taskforce (TCAT) which will develop a procedure as a general guidance that would help develop a catchment area when a hospital is added or withdrawn. He hopes to have the bylaws and well as a basic procedure ready to be reviewed by the next RTAB meeting in November.

**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 stated there were no items to report.

C. Report from General Public Representative

No report

D. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there were no items to report.

E. Report from Rehabilitation Representative

Mr. Meyer stated there were no items to report.

F. Report from Health Education & Injury Prevention Services Representative

Ms. Trummel reported on the following events:

- Vulnerable Road users is doing a trunk-or-treat at the Cambridge Recreation center on October 25<sup>th</sup> from 5 to 7pm
- The Clark County Health Fair will be at the Government Center from 9:00am to 4:00pm on October 23<sup>rd</sup> and 24<sup>th</sup>.
- LVMPD will do a fall traffic safety event at Desert Breeze Community Center on November 4<sup>th</sup> focusing on impaired driving.

G. Report from Legislative/Advocacy Representative

Ms. Breen reported on the following legislative efforts:

- As of October 1<sup>st</sup> in the State of Nevada if you are arrested for DUI and you would like to continue to drive for the next 6 months before your case is adjudicated, you must put an ignition interlock device in your car.
- Potential for a primary seat belt law to move forward
- Bill draft request to remove the prohibition on photo enforcement.
- Booster Seat law for 4'9" tall for children ages 6 – 10
- Upgrade law so drivers must stop for pedestrians from midline to curb.
- Bicycle helmet law for children.
- Upgrading the graduated driver's license law to age 21.

H. Report from Public Relations/Media Representative

Ms. Cohen 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

Mr. Ellis 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 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 Rogge and passed unanimously to adjourn at 2:22 p.m.