Draft Minutes of Meeting – Subject to Change Upon Approval by the Regional Trauma Advisory Board at their next regularly scheduled meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

November 28, 2018 - 2:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chair, UMC
Sean Dort, MD, St. Rose Siena Hospital
Kim Royer, RN, Sunrise Hospital
Kelly Taylor, Payers of Medical Benefits
Kim Dokken, RN, St. Rose Siena Hospital
Lisa Rogge, RN, University Medical Center
Chris Fisher, MD, Sunrise Hospital (via phone)
Carl Bottorf, General Public
Billy Meyer, RN, Rehabilitation Services
Danita Cohen, Public Relations/Media

MEMBERS ABSENT

Frank Simone, Paramedic, Public EMS Provider
Erin Breen, Legislative/Advocacy
Sajit Pullarkat, Administrator, Non-Trauma Hospital
Cassandra Trummel, RN, Health Education
Tressa Naik, MD, MAB Chairman
Jeff Ellis, System Financing/Funding
August Corrales, Paramedic, Private EMS Provider

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Judy Tabat, Recording Secretary
Chad Kingsley, Regional Trauma Coordinator

PUBLIC ATTENDANCE

Tony Greenway, Valley Health System
Stacy Johnson, MountainView Hospital
Brett Olbur, Dignity Health
Ryan Beaman, CCFFST
Maya Holmes, Culinary Health Fund
Rusty McAllister, Nevada AFL-CIO
Chris Giunchigliani, Commissioner
John Nunes, MountainView Hospital
Georgi Collins, HCA
Kelly Stout, Bailey Kennedy
Gail Yedinak, UMC
Daniel Llama, HCA
Stacie Sasso, HSC
Bobbette Bond, Culinary Health Fund
Marilyn Kirkpatrick, Commissioner

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 November 28, 2018. Chairman

Fildes 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 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.

The following public comments are verbatim transcription.

Maya Holmes, Healthcare Research Manager, Culinary Health Fund

We strongly support the need for an accurate assessment of actual unmet need in our community for trauma care. For that reason, we support the addition of section 200 item 8 requiring the OEMSTS to perform an annual evaluation using the Trauma Needs Assessment Tool, of the current level of performance of the Southern Nevada Trauma System to determine if trauma demands have exceeded system capacity. Without doing such an overall assessment, the Board of Health (BOH) will not have the information it requires to approve a request for authorization based on demonstrated need for additional services that cannot be met by existing trauma centers. We would like to know when that evaluation will be done, and we do not believe OEMSTS should make recommendations on individual applications until such an overall assessment has been done using the trauma needs tool. When the BOH last considered trauma expansion in 2016, it was clear they wanted a comprehensive evaluation of the trauma system to determine need. At the June 2016 BOH meeting Commissioner Giunchigliani's motion passed 7 to 2 supporting the recommendation of the RTAB and OEMSTS that there was no unmet need in the system and not to expand the system. The motion also requested staff to conduct a comprehensive assessment of the trauma system. To our knowledge that has not been done yet and it has not been done using the new tool. Lastly the proposed change in section 300 IA states that the authorization may be heard at the RTAB prior to the Boards presentation. We really believe the RTAB is a critical resource for the Southern Nevada Health District in the community it came about. When the Level II Sunrise trauma center was passed without a determination of need, so we believe it is critical and we believe a request for trauma center authorization should be mandated to be heard by that body. So, in summary, we strongly feel that the Health District has not determined new need for trauma expansion in this community at this point in time. The Health District is now accepting applications for expansions without having conducted an assessment of the need and the RTAB has not completed the needs assessment as discussed in 2016 which the RTAB was created specifically to do. Thank you.

Stacie Sasso, Health Services Coalition

We represent 25 employer and union sponsored self-funded plans representing about 275,000 lives in Southern Nevada. We are deeply disappointed to learn that the system wide needs assessment has not been completed, however the application process from our understanding has been opened to accept new applications. In 2016 the BOH did request that a comprehensive needs assessment be done of the entire system and that way we could determine what if any need would be in the valley. Today we cannot find where that has been done rather it seems like little progress has been made since the 2016 meeting to have the comprehensive needs assessment completed. Accepting applications for or granting trauma designations without knowing the true needs assessment for the entire community could lead to an over saturation and pose a risk for crippling a system that we are

fighting to maintain. We ask that the process not move forward at this time and that applications not be accepted until a comprehensive needs assessment be completed. There should be a clear understanding of what the impact for additional designations could be and how that could support the current system today. Thank you.
Chairman Fildes asked if anyone else 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: 10/08/2018

Ms. Dokken stated that she is listed as absent but did call in for the meeting.
Ms. Cohen stated that she attended the meeting but was not listed.

Chairman Fildes asked for approval of the minutes from the October 08, 2018 meeting with the noted corrections. A motion was made by Member Dort, seconded by Member Rogge and passed unanimously to approve the minutes.

III. CHIEF HEALTH OFFICE REPORT

No report.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Southern Nevada Injury Prevention Partnership (SNIPP) 10/15/2018

- SNIPP Bylaws

Tabled

B. Committee Report: Trauma System Advocacy Committee (TSAC) 10/16/2018

Tabled

C. Discussion of Proposed Revisions to the Trauma System Regulations

Mr. Kingsley reported that in accordance with policy and procedure they have conducted revisions to the Trauma System Regulations and added the Trauma Needs Assessment Tool (TNAT) as part of those regulations. He advised that they have held three public workshops and included the appropriate recommendations from those workshops into the regulations. These regulations have been extensively reviewed and the next step will be to take the regulations to the Board of Health (BOH).

Chairman Fildes asked for a motion to approve the proposed revisions to the Trauma System Regulations. A motion was made by Member Dokken, seconded by Member Taylor and passed unanimously.

D. Discussion on Trauma System Annual Report

Mr. Kingsley reported that it has been a lengthy process putting the annual report together, but they will be setting it up so that in subsequent years it would be generated at a more appropriate time. They pulled the data from the Centers for Disease Control (CDC), Trauma Field Triage Criteria (TFTC), and Center for Health Information Analysis for Nevada (CHIA) to present the basic and overview of the current trauma system in Clark County. He advised that he has been

working with the SNHD Epidemiology and their Informatics Department to critique it with a fine-tooth comb. He stated that he plans on sending out an electronic version of the Annual Report to the RTAB members in the next few weeks for review and then present it at the January RTAB meeting before they take it to publication and present it out to the community.

Dr. Fildes questioned how the annual report compares with the comprehensive needs assessment tool concerning content and format.

Mr. Kingsley stated that most of the data is pulled from the same pool. The TNAT data is mostly comprised of TFTC data which is also used in the annual report.

Dr. Fildes expanded the discussion by asking Mr. Kingsley to speak on the public comments voicing concern over the acceptance of new applications and when and how the needs assessment report will be completed.

Mr. Kingsley explained that since 2016 when it was requested by the BOH to have a better look at the data, there was a general understanding in the community to post-pone applying for authorization. He emphasized that current regulations state that a hospital at any time can apply for a trauma authorization. He informed the board that the TNAT has been developed except for one issue that was discussed at the last RTAB meeting about question 4A, designating a percentage of patients with an ISS>15 being discharged from a non-trauma center.

Dr. Fildes asked if his process was to move these trauma regulations to the BOH now that they have been approved at the RTAB.

Mr. Kingsley answered in the affirmative and stated the BOH will meet on January 24, 2019.

Mr. Hammond stated that question 4A in the TNAT that was discussed at the last RTAB meeting pertains to upgrades from a Level III to a Level II or a Level II to a Level I. He advised that the question needs to be further defined and phrased in a way that is still applicable and then determine an acceptable percentage.

Dr. Fildes expressed the fact that they have discussed this on several occasions and looked at the data at each RTAB and TNAT meeting and they know that the number of patients with high injury severity scores that are delivered to non-trauma center hospitals has been quite small.

Mr. Hammond reiterated that the percentage they are going to look at hasn't been decided.

Dr. Fildes questioned the process he was proposing they use to decide that.

Mr. Hammond stated that at the last meeting it was determined that the question needed to be re-written and then have it brought back to the RTAB.

Dr. Fildes questioned if Mr. Hammond had that language for them at this meeting.

Mr. Hammond stated that it was not on the agenda for this meeting.

Mr. Kingsley stated that the only reason it is not on the agenda as this is not a regular scheduled quarterly meeting for RTAB. This meeting was originally designed for the approval of regulations.

Dr. Fildes felt that it is their duty to give direction and opinion to the staff on how they feel it should be considered. He felt it was clear from their last discussion that for initial application to seek authorization that the weight given to this should be low like in the 5% range because they know it is an unusual occurrence. The discussion about people elevating from level III centers to II or IIs to I, then becomes how many of these patients are you treating in center. He stated that he understood Mr. Kingsley discussion about regularly scheduled quarterly meeting but felt there seems to be an unnecessarily delay in developing some of these things.

Ms. Taylor voiced concern about approving the Trauma Regulations when the TNAT is not completed.

Mr. Hammond explained that it is just the title of the document in regulations. The tool can be malleable, so if it is changes next year, it will still be referenced in the regulations.

Dr. Fildes asked the members of the board to review their past minutes and this issue well in advance of the next meeting. This board will be called upon to provide and agree on a weight on question 4A in the needs assessment tool. He added that they will need to provide guidance on how that will be used in an ongoing way for the upgrade of Level IIIs to IIs and IIs to Is. Dr. Fildes requested an update on the procedure for the development of catchment areas.

Mr. Kingsley stated that they have explored establishing a procedure for the development of catchment areas since regulations state the OEMSTS will review and adjust as needed. It has been advised from leadership to wait until the following year until they have addressed the emerging trauma centers.

Dr. Fildes felt that in some level it fails to serve the applicants because they don't all exactly understand what is going to unfold as they go through this process of authorization to verification to designation. They have seen in the past where applications come in completed with maps and colored in areas of catchments that applicants expected to receive. Not providing them with information about how catchments would be created is at some level complicating the discussion.

Dr. Dort suggested that there should be some method of doing an audit of the data that is being supplied by the non-trauma centers just to verify that what they are being told is what's happening out there for centers that may not be used to doing this.

Mr. Hammond advised that the data is owned by the State and it is the function of the State to maintain the integrity of the data. It is his intention to request it as soon as possible. He added that Mr. Zhang is looking into some of the missing fields of data that Ms. Dokken has pointed out. He is in the process of writing a report, so they can determine which of the important data elements are not being entered appropriately so they can present without having a nebulous complaint about the integrity of the data.

Dr. Fildes stated that he has issued a note of caution that self-reported data in the state system is highly variable and incongruent with what we know about local EMS function. Going forward, he would expect this board including himself to ask that there be some level of verification in the veracity of that data.

Mr. Kingsley added that most of all data reflected in the TNAT is through their TFTC data except in question 1G where it is reflective of the state trauma data.

Dr. Fildes commented that they find incongruence with those two and that would require a drill down. It would be unusual for one hospital to receive extraordinary numbers of self-delivered patients while other hospitals do not.

V. INFORMATIONAL ITEMS / DISCUSSION ONLY

Mr. Kingsley reported that the OEMSTS has received 5 applications from Centennial Hospital, MountainView Hospital, St. Rose San Martin Hospital, Spring Valley Hospital, and Mike O'Callaghan Hospital. Those hospitals will be asked to give a 10-minute presentation at the next RTAB in January. There will be no vote but just be able to express their concerns as subject matter experts. He requested when developing the agenda that they extend the RTAB meeting to 2 hours to accommodate all 5 presentations. He added that once these applicants present to the RTAB, it would at the discretion of the BOH when they would here those presentations. The BOH could take the considerations of public comments into it if they feel the TNAT is not fully developed.

Ms. Royer questioned if the TMAC will follow the RTAB on January 16th. Mr. Kingsley answered in the affirmative.

Dr. Fildes voiced concern over Mr. Kingsley statement when he said that the TNAT may not be developed in time for its use in the BOH deliberations.

Mr. Kingsley believes that the RTAB will be addressing that final question at the January 16th meeting. They will then take the time to generate the TNAT tool on each of those applications as required so the information on the TNAT would be presented for those hospitals at the BOH.

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.

The following public comments are verbatim transcription.

Bobbette Bond, Culinary Health Fund

I'm here to express some concerns that we wanted to do at the opening of the meeting, so I am sorry to have my comments follow the approval of the tool, but I would like them on the record anyway. We have concerns briefly about both the process that has been discussed today and the tool itself. On the process, it does seem that when RTAB was tasked with creating a needs assessment back in 2016 it was everybody's understanding as far as I could tell that the needs assessment was going to precede the review of applications for future designations and that in fact the reason the designations where held up was there was no proven need in 2016 for new centers. So, the needs assessment was supposed to be a way to get to the bottom of that. The fact that there was a notice or some sort of process to allow applications to come in again, well I understand totally that they can always apply, there was really this world of we need to see what the process is going to be before we can start taking applications again. But now applications are coming in, before a tool has been completed that is supposed to create the process for creating needs assessment that is supposed to be the basis for determining new trauma centers. We have real concerns about the process. We don't have time today to talk about why we care so much about the trauma system, but we can do that at a future meeting. Regarding the tool itself, those are our process issues. The tool itself, we have concerns about section 1E on the tool where the measure increases, they are trying to measure the increase in trauma field criteria based on trauma field criteria. We have real concerns because of this level IV designation that started to happen. It is going to change the data and skew the numbers and result in a different set of data that was used in the past. We are not sure how you are accommodating that. We have real concerns about section 1F, that the tool relies on trauma registry data and we all know that trauma registry data is incomplete, so we are not sure why that is factored into this yet. We have concerns about the median transport times. We understand the 15 minutes for level I or II case because of the golden hour that was discussed a lot in previous meetings, but we don't understand why level IIIs or IVs would need 15 minutes for transport in order to trigger review of new need. We don't think that is appropriate, we don't think anything we've seen suggests that elsewhere. We're concerned that the lead agency in section 3 would include input from a social advocacy group, we don't know what that means and that could be a girl scouts troop as far as we can tell. We understand that there is a lot of variance in who might be interested in this, but we don't see the need for social advocacy to weigh in, we think that is just a way to build up letters of support again with no need in the area. The final one that we have concerns about is the any center that's seeking an upgrade the 6th area, requires substantial compliance with the ACS and we don't understand that. The American College of Surgeons, there should be complete compliance with that, I don't know where substantially would come from in trying to designate new centers. So those are briefly our concerns about the tool, a little bit about process we hope for future consideration on this issue. We would request that nothing be done until this process is complete. Thank you.

Rusty McAllister, Executive Secretary-Treasurer, Nevada State AFL-CIO

We also have concerns with regards to the overwhelming majority of our members that we represent, over 200,000 that belong to health insurance funds that are under the jurisdiction of the district and these protocols and plans. I guess the concern, we were here a couple years back too when the discussion was had about having a needs assessment done to see whether or not it was appropriate, the need existed to increase the number of trauma centers. Since that time there has been a new step IV added to the trauma protocols for triage and step IV now must be taken to a trauma level I, II, or III trauma center. I don't know, is there any data that is already shown just in the last year that that's been in place that is….I know there is a significant increase in the number of trauma transports because of that step IV. I mean it went from 4290 trauma transports and 3842 of those are because of step IV. Is there data that shows that they patient outcomes are better for those additional 3800 people than to take them to a regular emergency room in an area that is, some of these I looked at the step protocol there that is not much different from when I was a paramedic. I spent 33 years with the fire department and a significant time in emergency medical services And we took them to the closest emergency room. Are the patient outcomes that much better that we now need to create trauma centers to accommodate an increase just because we changed, we added a new step that created a greater need. Is it a false need, that I guess is the question we have and are we increasing the cost on our members based on a false need where they really don't need to go to a trauma center they can get the same level of care at the emergency room within their jurisdiction where they live. So those are concerns we have, we certainly would like to see more data put out before to show the outcomes. We would like to see what is driving this need obviously an increased number of calls but is this necessary. With that Mr. Chairman, thank you very much.

Chris Giunchigliani, Clark County Commissioner, Member of the BOH

In 2016, I am actually the one who made the motion to delay actually taking any actions on the system in and of itself. The Board directed at that time through my motion that an actual needs assessment tool be developed. You have a 4-step prong, but it is not a needs assessment in my opinion and I think things are moving a little bit rapidly. The whole issue of the system in my mind is to make sure it is based on need and quality of care that is provided, not on money. What I would rather see this board do is not act on…apparently, you've acted on making these recommendations, I still don't see how we're even within the Health District already accepting applications. I've been lobbied, other people have been lobbied about this, so it is really coming down to the money and I bet you if the …what is that thing called…Oh where they get money for having a trauma III, the activation fee wasn't provided then I think most people would be actually applying for the trauma systems issue. Part of it too comes down to a lot of our local electives that will be going to Carson City are not really aware of how the system works and how it was anticipated to work. I don't want to see this board get roped into something that happened close to 20 years ago which RTAB did not recommend a change in the system and a certain hospital went up north to the 2nd former governor and had it changed administratively which then skewed everything within the system in and of itself because UMC was your trauma I, you then should have your IIIs surrounding it. By having trauma II designated at Sunrise without your permission, the Health Boards permission, or any legislative action, was a political gain that was played, and I don't want to see that happening again. I think things are moving a little too rapidly, it has not come back to us as the board of directors for further discussion, I don't think we should be even accepting applications or that they should of even been allowed at this point because you haven't even had the annual needs assessment provided to you by OMSTED or whatever that acronym is .. you know what it is Dr. Fildes. That hasn't come back for their yearly annual review as well. So, I don't know what we are trying to fix here, and I still go back to 2016 when we did not adopt the regulations and the recommended changes for a new system or a new addition to a trauma system. I think we need to do it right and the whole issue should be a quality of care and based on needs and I don't think we are there yet. I apologize I thought we started at 3:00pm, that was my error and I didn't think things

would move so fast so I don't know at this point what you have taken action on but I'm going to ask staff to take a message back and we have our Health Board meeting coming up in the next couple of weeks, the Chair is here with me as well and I think things need to be slowed down and let's do it right if that's the case. Thank you.

Marilyn Kirkpatrick, Clark County Commissioner, BOH Chair

Good Afternoon and sorry that I am late. We've been trying to juggle other meetings today. I guess for me I'm just a little bit confused because I thought that in 2016 we sent it back to you to set up a needs based assessment so that overall we get to figure out what do we want our community to look not in 2 years, 5 years, and 10 years, so we didn't have the situation that we have today. The urban area we have a lot but out in the more farther areas both north and south and on the east side, we don't have the same access and it does take transportation to get into those urban areas so I understood at least from the 16 conversation that you were going to go and get that tool, you were going to put that together because you all were the experts and we at the Health Board were not but you were going to come back to us and explain to us on how that process works so I was a little shocked to see that regulations were coming when we as the Board didn't have the opportunity to even understand what that looked like. To Commissioner Giunchigliani's point, the lobbying is ridiculous at this point, most of the board members are fairly new to the board, they have not been even part of that discussion so we are trying really hard to somewhat educate folks because our board changes on a regular basis and we need to ensure that no matter who sits on that board that one, we are supporting you the experts what that looks like and we can actually talk about it. I have had no less than 50 requests in my office to sign a letter supporting one hospital over another and have not signed any because I don't believe that I know all of the information that is out there. At least for me I am probably going to ask for an agenda to come back to kind of give us that update because I feel like we missed that component going forward. That is what I would like to see. I understand that you guys use medical terminology that there's an association that you work off which is a standard across the country, but I don't think that the board has been given that full conversation and I don't want to do something without thinking for the vision. We have worked very hard in our community to ensure that the medical needs are met and let's continue to plan for the future and do it once as opposed to doing it every single time just based on who is calling and asking. Thank you.

Dr. Fildes stated that as Chair he will work with the recording of these comments and try to prioritize them and move them forward to agenda items appropriately for the January meeting. He 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 Dokken, seconded by Member Taylor and passed unanimously to adjourn at 3:10 p.m.*