MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

JULY 17, 2013 - 2:30 P.M.

MEMBERS PRESENT

Gregg Fusto, RN, Chair, University Medical Center
John Fildes, MD, University Medical Center
Chris Fisher, MD, Sunrise Hospital
Sean Dort, MD, St. Rose Siena Hospital
Eric Dievendorf, EMT-P, AMR-LV
Linda Kalekas, RN, Clark County School District
Scott Vivier, EMT-P, Henderson Fire Department
Mary Ellen Britt, RN, Acting EMSTS Manager
E.P. Homansky, MD, MAB Chairman
Melinda Case, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena Hospital
Erin Breen, Transportation Research Center, UNLV
Sajit Pullarkat, Centennial Hills Hospital
Linn Billingsley, Rehabilitation Services Rep.

MEMBERS ABSENT

Kathy Silver, Health Services Coalition
Kelly Boyers, Public Representative
Kim Haley, St. Rose Siena Hospital

SNHD STAFF PRESENT

Thomas R. Coleman, MD, MS, Director of Community Health
John Hammond, EMS Field Representative
Michelle Nath, Recording Secretary
Mike Bernstein, SNHD – OCDPHP

PUBLIC ATTENDANCE

Margaret Russitano, Sunrise Hospital
Catherine Jones, Valley Health System
Daniel Llamas, Sunrise Hospital

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board convened in the Southern Nevada Health District (SNHD) 330 S. Valley View Boulevard facility, Conference Room #2-2a on July 17, 2013. Chairman Gregg Fusto called the meeting to order at 2:34 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fusto 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 Fusto asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman Fusto stated the Consent Agenda consisted of matters to be considered by the Regional Trauma Advisory Board (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: 4/17/13

Chairman Fusto asked for approval of the minutes from the April 17, 2013 meeting. *A motion was made by Kim Dokken, seconded by Dr. John Fildes, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Renewal of Authorization of Sunrise Hospital and Medical Center as a Level II Trauma Center
Sunrise Hospital and Medical Center submitted an application requesting authorization to continue to operate as a Level II trauma center. The process for a hospital seeking designation as a trauma center as stipulated in NRS 450B.237 and Southern Nevada Health District (SNHD) Trauma Regulations "require that any hospital that desires designation as a trauma center in Clark County from the State Health Division shall first request authorization from the Board." Melinda Case presented the application and requested the Board's approval. *A motion was made by Kim Dokken, seconded by Dr. John Fildes, and passed unanimously to approve Sunrise Hospital and Medical Center's application for renewal of authorization.*

B. Renewal of Authorization of St. Rose Dominican Hospital-Siena Campus as a Level III Trauma Center
St. Rose Dominican Hospital-Siena Campus submitted an application requesting authorization to continue to operate as a Level III trauma center. Kim Dokken presented the application and informed the Board there have been additions to patient services such as an increase in pediatric emergency department hours and the opening of their rapid medical assessment area. Following her presentation of the application she requested the Board's approval. *A motion was made by Dr. John Fildes, seconded by Dr. Chris Fisher, and passed unanimously to approve St. Rose Dominican Hospital-Siena Campus' application for renewal of authorization.*

C. Report from Regional Trauma Advisory Board Nominating Committee
There were three non-standing member positions with terms that expired: 1) public providers of advanced emergency care; 2) private franchised providers of advanced emergency medical care; 3) rehabilitation services representative. The RTAB Nominating Committee reviewed the applications submitted for these positions and made their recommendations. Scott Morris, City of North Las Vegas Fire Department, was endorsed as the candidate representing the public providers of advanced emergency care, and Eric Dievendorf, AMR-Las Vegas, was selected to continue his term as the representative for the private franchised providers of advanced emergency medical care. Margaret Russitano, Sunrise Hospital and Medical Center, was endorsed as the representative for rehabilitation services. *A motion was made by Melinda Case, seconded by Kim Dokken, and passed unanimously to approve those members selected by the Regional Trauma Advisory Board Nominating Committee.*

D. Discussion of Possible Revisions to Regional Trauma Advisory Board Bylaws
The RTAB Bylaws, Article IV, Section 3, specify that the Nominating Committee "will review and discuss nominations and/or applications for non-standing member positions no later than June of each year and will make recommendations to the members of the RTAB at the next scheduled

meeting." This time frame doesn't allow the Board ample time to make its recommendations prior to the terms expiring; therefore it was suggested that the bylaws be revised to require the Nominating Committee to review and recommend nominees by March of each year. There was also an error noted in the spelling of Nevada Revised Statues in Section 1 to be amended. *A motion was made by Dr. John Fildes, seconded by Dr. E.P. Homansky, and passed unanimously to revise the Regional Trauma Advisory Board Bylaws.*

E. Election of Chair and Vice-Chair of Regional Trauma Advisory Board

The terms for the Chair and Vice-Chair were up for renewal. Mary Ellen Britt informed the Board that the Bylaws state the Vice-Chair is automatically placed in nomination for the position of Chair upon the end of his/her term; Gregg Fusto placed Melinda Case in nomination for Chair of the Board.

A motion was made by Dr. E.P. Homansky, seconded by Kim Dokken, and passed unanimously to elect Melinda Case as Chair of the Regional Trauma Advisory Board.

Following the election of the RTAB Chair, Chair Fusto requested nominations for the Vice-Chair position. *A motion was made by Dr. John Fildes, seconded by Kim Dokken, and passed unanimously to elect Dr. Sean Dort as Vice-Chair of the Regional Trauma Advisory Board.*

F. Discussion of 2013 Clark County Trauma System Self-Assessment Report

Mary Ellen Britt presented the Clark County Trauma System Self-Assessment Report to the Board. The report was a result of the trauma system assessment that was conducted on April 17, 2013, in partnership with Knowledge Capital Alliance and the Office of Emergency Medical Services and Trauma System. The goal of the assessment was to examine the current strengths and opportunities for improvement in the Clark County Trauma System using the same benchmarks, indicators and scoring (BIS) methodology employed in the 2007 and 2011 system self-assessments.

Notifications were distributed to 150 trauma system stakeholders inviting them to participate in the trauma system self-assessment, and there were 52 people who committed to being part of the process. It was a two phase approach which involved use of a subset of the indicators found in the BIS assessment tool published by Health Resources and Services Administration - Department of Health and Human Services. The instrument included 16 items considered to be representative measures of the core functions of public health: assessment, policy development, and assurance. The core functions were subdivided into the essential services, benchmarks and indicators.

Phase one consisted of an online survey which produced an 83% response rate. The online survey participants included 6 advocacy/policymakers; 4 EMS representatives; 7 SNHD employees; 5 non-trauma center hospital representatives; 8 trauma center representatives; 3 classified as other which included the school district and rehabilitation services. The second phase was the live session to review the survey results and to reach consensus scoring on each indicator. A total of 50 people attended the face-to-face session. Eighty six percent (37/43) of the survey respondents were present and 13 additional individuals who had not completed the survey also attended. The participants who attended this session consisted of 7 advocacy/ policymakers; 15 EMS representatives; 6 SNHD employees; 5 non-trauma center hospital representatives; 15 trauma center representatives; 2 classified as other.

The scoring was based on an ordinal scale that did not allow for relative degrees of difference between each of the scores. The scores described progress in the system on each of the indicators that were evaluated. The range was zero to five with a zero score depicting insufficient information to answer the question. A score of one illustrated no progress; two was minimal progress; three was limited progress; four was substantial progress; five was full progress. The survey data was collected, analyzed and depicted graphically for use during the consensus building session. The

average scores for 2007, 2011, 2013 multi-year, and 2013 face to face session consensus scores were presented for each indicator.

Assessment was the first core function to be evaluated and it is described as the regular systematic collection, assembly, analysis and dissemination of information on the health of the community. There was consensus scoring on two of the three assessment indicators. The remaining indicator, which lacked consensus, resulted in discussion pertaining to the established trauma management information system for ongoing injury surveillance and system performance assessment.

The second core function, Policy Development, promotes the use of scientific knowledge in decision making. Consensus scores were assigned to five of the six indicators within this function. The indicator which lacked consensus among the participants and generated discussion pertained to legislatively appropriated funding in support of the trauma system infrastructure.

Assurance, the last core function, assures constituents that services necessary to achieve goals are provided be encouraging actions of others (public or private), requiring action through regulation, or providing services directly. The participants' attained consensus scores on all of the seven indicators within this core function.

In summary the attendees engaged in an energetic exchange of information and ideas. The strengths identified were the committed trauma center staff and EMS partners; the coordinated medical oversight including a common trauma field triage criteria protocol; and the statutory authority for system design, operation, and evaluation. The opportunities for improvement were noted as data linkage between data sources; injury surveillance and reporting; and funding. It was also reported that even though the trauma centers in Clark County provide a subset of registry data to the OEMSTS, ongoing system evaluation remains a challenge without a functioning State trauma registry.

Following the presentation discussion ensued, and Dr. Homansky opened by commenting that the non-trauma hospitals have been successful in reporting their data to the State. Ms. Britt responded although the non-trauma centers are submitting data, the State lacks the resources and personnel to analyze and report the data. Dr. Homansky recommended that the non-trauma centers submit their data to OEMSTS. In response, she reported the proposal to create a parallel structure is not currently supported by SNHD's Chief Health Officer. There would be costs associated with the purchase of software and funding would need to be allocated for personnel to appropriately manage the trauma registry at the county level. Further, it was stated that the trauma registry is a State function and those responsibilities need to be managed by the State. Ms. Britt acknowledged the State's efforts to operationalize the trauma registry, but noted the challenges to restore it still exist. There was also a valiant effort on behalf of the Trauma System Advocacy Committee (TSAC) to secure funding in support of the trauma registry with Senate Bill 205 (SB205) but the bill did not pass during this past Legislative session.

Chairman Fusto inquired which action steps are necessary and if it would be a suitable time to review the trauma plan. It was stated that the plan was written in 2006 and hadn't been reviewed since its inception. Kim Dokken recommended a list of action items be created from the findings of the self-assessment report. Ms. Britt responded the Trauma Procedure/ Protocol Review Committee is the RTAB subcommittee tasked with reviewing documents for the trauma system. Dr. Fildes recommended focusing on the indicators which yielded results with a score of two or below; therefore, drawing attention to rehabilitation, funding, infrastructure and informatics issues, which he stated have been recurrent themes.

Dr. Fildes remarked that relying on the State to resolve the funding issue for the trauma registry has been unsuccessful; therefore a plan needs to be implemented in pursuit of other options. As the State's largest trauma system, building a broad group of stakeholders for injury care is beneficial for obtaining the necessary resources to further the development of the trauma system. The Nevada

Hospital Association was named as a potential stakeholder and presenting them with an overview of the trauma system is an appropriate step toward solution building. Engaging members of the payer industry, and continuing to advocate for legislative action are also important action steps. These activities were tasked by the Board to the Trauma System Advocacy Committee. Erin Breen agreed presenting to the Nevada Hospital Association and any other groups that would yield beneficial outcomes need to be pursued at the present time. Dr. Fildes also emphasized the importance of establishing the value proposition for injury care which would also be another action item activity.

Linda Kalekas posed a question regarding the media's involvement, if any, and if there was awareness surrounding the issue of lack of funding for the trauma registry. Ms. Britt replied that the issues pertaining to the trauma registry were openly discussed during the various testimonies during the Legislative period. To a degree, there's simply no funding for this activity. During testimony to the Senate Finance Committee, one of the committee members commented as to whether or not Tobacco Funds could be released; however, that request was denied. Ms. Breen added this is an opportune moment to educate the legislators regarding the benefits of a functioning trauma registry.

Dr. Fildes' reiterated the importance of formulating a plan to create awareness and institute change. He stated, "Injuries are the leading cause of death for Nevadans between birth and the age of 44. For every one death that occurs in a hospital there are two deaths occurring on the streets. [These injuries] account for more years of loss of productivity in life than cancer and heart disease combined." The message for funding the trauma registry needs to be delivered to the payers of health services, administrators of health care, and legislators. Dr. Fisher added the trauma system lacks the resources that are made available to cancer and heart disease through their foundations. There aren't current sponsors in support of the trauma system to develop campaigns and fund activities like marketing and advertising. She agreed that trauma as a disease process is not as well recognized nor are the consequences fully appreciated. Chair Fusto indicated a public service announcement would be a good tool for delivering the trauma system message. Ms. Breen suggested establishing contact with the Nevada Broadcasters Association, noting that they operate from Carson City.

Ms. Breen suggested compiling information related to the essential components of trauma and sharing those details with policymakers. Educating them on the issues is critical as some policymakers believe they will never be in a position of requiring trauma services. Dr. Dort added there's an assumption that a patient requiring trauma services will receive expeditious care. Dr. Fisher agreed there is also a value in educating the public on the value of a functioning trauma system. Mike Bernstein added that throughout his extensive work experience of promoting injury prevention, there is a perception among the public that he or she will not be a victim of injury. He furthered that the media is an important resource to break down that barrier.

Working with the legislators who pledged their support initially to SB205 is a step in the right direction as commented by Ms. Breen. A critical detail will be to determine the amount of funding that will need to be secured. Ms. Britt reported there was a discrepancy with the funding allocation when SB205 was presented to the Senate Finance Committee. An amount of $260,000 was the figure provided by the individuals managing the trauma registry. The Administrator, on the other hand, presented an amount significantly less during testimony. Marc Jesser suggested looking at other sources of revenue for funding the trauma registry, such as approaching community members who are familiar with fundraising. Lynn Billingsley furthered this is where an evaluation statement is crucial because it will provide a platform for driving the message forward. Creating a solid message of why the trauma registry is important and how it benefits the entire community will increase awareness and open opportunities for fundraising.

Ms. Dokken referred back to Dr. Fildes' recommendation of establishing a value, and added that creating a consistent message is pivotal. Ms. Britt suggested creating a brand for trauma and provided the example of the ABCD's statement that is used in drowning prevention. She also commented that there is a challenge in being able to accurately describe the status of the system because the requirement for annual injury reports to be generated hasn't been fulfilled in a number of years. Chair Fusto concluded that the RTAB subcommittees, TSAC and TPPRC, will be tasked with

developing action steps to address the issues that have been identified.

Prior to proceeding to the informational items, Ms. Britt announced that the Trauma Field Triage Criteria data reports for December 2012 through April 2013 were enclosed in the member packets. There was an additional report enclosed which focused on transport times for July 2012 through December 2012. It was identified that 93% of the time patients who met trauma field triage criteria were transported to a trauma center in less than 30 minutes. The range was consistent with the reported 92% in 2009 even though there has been an increase in volume between 2009 and 2012. In sum the patients are transported to trauma centers in less than 30 minutes the vast majority of the time.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Scott Vivier stated there were no items to report.

B. Report from General Public Representative

Kelly Boyers did not attend the meeting.

C. Report from Non-Trauma Center Hospital Representative

Sajit Pullarkat stated there were no items to report.

D. Report from Payers of Medical Benefits Representative

Kathy Silver did not attend the meeting.

E. Report from Rehabilitation Representative

Linn Billingsley reported the Trauma Rehabilitation Committee continues to refine the trauma rehabilitation data collection process. She informed the Board that this would be her last meeting as the member representing rehabilitation services and thanked the Board for their hard work and dedication to the trauma system.

F. Report from Health Education & Prevention Services Representative

Ms. Kalekas stated there were no items to report.

G. Report from Legislative/Advocacy Representative

Ms. Breen commented that all items pertaining to the Trauma System Advocacy Committee were discussed following the presentation of the Clark County Trauma Self-Assessment Report and there wasn't anything further to add.

H. Report from Public Relations/Media Representative

Kim Haley did not attend the meeting.

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business on the agenda, Chairman Fusto called for a motion to adjourn. *A motion was made by Dr. John Fildes, seconded by Dr. Fisher, and passed unanimously to adjourn at 3:33 p.m.*