



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

APRIL 16, 2014 - 2:30 P.M.

MEMBERS PRESENT

Melinda Case, RN, Chair, Sunrise Hospital	Chris Fisher, MD, Sunrise Hospital
John Fildes, MD, University Medical Center	Abby Hudema, RN, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital	Kim Dokken, RN, St. Rose Siena Hospital
E.P. Homansky, MD, MAB Chairman	Margaret Russitano, RN, Sunrise Hospital
Erin Breen, Transportation Research Center, UNLV	Linda Kalekas, RN, Clark County School District
Kelly Boyers, Public Representative	Eric Dievendorf, EMT-P, AMR-LV
Frank Simone, North Las Vegas Fire Department	

MEMBERS ABSENT

Sajit Pullarkat, Centennial Hills Hospital	Danita Cohen, University Medical Center
Kathy Silver, Health Services Coalition	

SNHD STAFF PRESENT

Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer	Christian Young, MD, EMSTS Medical Director
Mary Ellen Britt, RN, EMSTS Manager	John Hammond, EMSTS Supervisor
Mike Bernstein, SNHD – OCDPHP	Michelle Nath, Recording Secretary

PUBLIC ATTENDANCE

Daniel Llamas, Sunrise Hospital	Ryan Moon, Valley Health System
Nancy Newell, Valley Health System	Shauna Davis, PhD, MPA, Children’s Advocacy Alliance

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 on April 16, 2014. Chairwoman Melinda Case called the meeting to order at 2:35 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairwoman Case 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.

Chairwoman Case asked if anyone wished to address the Board. Seeing no one, she closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairwoman Case 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: 01/15/14

Chairwoman Case asked for approval of the minutes from the January 15, 2014 meeting. *A motion was made by Dr. Fildes, seconded by Dr. Homansky, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report on Clark County Trauma System Plan Proposed Revisions

Mary Ellen Britt gave a status report on the Clark County Trauma System Plan proposed revisions, noting that there were minor housekeeping changes made by staff to the initial draft of the plan. That draft was reviewed at a workshop on February 25, 2014. Members from both the RTAB and Trauma Medical Audit Committee were in attendance and their recommended revisions have been incorporated to the plan. There will be another workshop in June to continue revisions to the plan with a focus on those sections of the plan relating to performance improvement.

B. Discussion of Creating a Trauma System Regulations Workshop

There was discussion about creating a workgroup to begin review of the trauma system regulations. Ms. Britt clarified that the workgroup scheduled to convene in June would work on both the Clark County Trauma System Plan and the Clark County Trauma System Regulations concurrently. *A motion was made by Kim Dokken, seconded by Dr. Fisher, and passed unanimously to create a workgroup that would work on amendments to the Southern Nevada Trauma System Plan and Clark County Trauma System Regulations.*

C. Discussion of Trauma System Subcommittee Bylaws

Chairwoman Case opened the discussion by noting that there were revisions to be made to some of the RTAB subcommittee bylaws. The term of membership for the Trauma System Advocacy Committee, under Article III Section 3, and the Chair and Vice-Chair membership, under Article IV Section 1, were changed to begin on July 1 and end June 30 of the second year of membership term. Additionally, it was noted that there would not be any term limits, and meetings will be held quarterly or more or less frequently as determined by the committee. The remaining changes applied to the meeting dates for the Trauma Rehabilitation Committee and Trauma Procedure Protocol Review Committee, both located under Article V Section 1, which were revised to meet quarterly or more or less frequently as determined by the respective committee. *A motion was made by Dr. Fildes, seconded by Kim Dokken, and passed unanimously to make the aforementioned changes to the RTAB subcommittee bylaws.*

D. Nominations for Non-standing RTAB Member Seats for Terms Expiring June 30, 2014

Ms. Britt reported that nominations for the non-standing RTAB member seats with terms expiring June 30, 2014 were received for the following seats:

1. Administrator from a Non-trauma Center Hospital
2. General Public
3. Health Education & Prevention Services
4. Legislative Issues/Advocacy
5. Payors of Medical Benefits for Victims of Trauma
6. Public Relations/Media

Chairwoman Case noted that there were single nominations for all of the seats with the exception of the Health Education and Prevention Services seat which received two. The RTAB Nominating Committee reviewed the applications and made its recommendations to the Board, and the endorsed candidates will have their names submitted to the Chief Health Officer for final appointment.

Finally, there was discussion about staggering the membership terms more equally because seven of the ten non-standing members are due for appointment for the upcoming two-year term. Therefore two seats are to be adjusted this year to renew for one-year terms with the understanding that the newly appointed member could apply for a full two-year term the following year. A motion was made by Dr. Fisher, seconded by Dr. Fildes, and passed unanimously to endorse the nominees for the non-standing members seats for a two year term, with the exception of the administrator for a non-trauma center hospital and the payors of medical benefits seats renewing for a one year term.

E. Committee Report: Southern Nevada Injury Prevention Partnership

Mike Bernstein reported that Erin Breen gave a presentation to the Southern Nevada Injury Prevention Partnership (SNIPP) which summarized the activities of the Nevada Strategic Highway Safety Plan Technical Working Group. She spoke about the Zero Fatalities program and reported that the increase in impaired driving is not alcohol related but rather due to misuse of prescription drugs. She also reported that intersection crashes remain a problem and there has been a spike in pedestrian injuries.

The discussion transitioned to the topic of data and there was concern about the lack of a functioning trauma registry. Mr. Bernstein noted that there are efforts underway to obtain accurate trauma data locally in order to develop an injury prevention position statement. Last, there was discussion about the trauma system awareness campaign and the members of SNIPP were sent a save the date notice for the trauma system press conference. Mr. Bernstein closed by stating that it's important to get community partners involved in the efforts to increase public awareness about the value of the trauma system. With greater support there are better opportunities for educating the public about the trauma system and injury prevention.

F. Committee Report: Trauma System Advocacy Committee 02/11/14 and 03/25/14

1. Discussion of Increasing Public Awareness about the Clark County Trauma System
2. Discussion of Trauma System Funding
3. Discussion of Future Legislative Activities in Support of the Trauma System

Erin Breen reported the Trauma System Advocacy Committee (TSAC) is working on branding a message about the trauma system and the value it serves for the community. The public needs to be made aware of the importance of the trauma system and the value of obtaining a sustainable funding source for the entire EMS and trauma system. A marketing campaign for the trauma system is under development and the proposed slogan will be Serious Injuries, Superior Care, Trauma Systems Matter. A logo will be designed and the graphics will illustrate the continuum of care components: injury prevention, EMS, trauma centers, and rehabilitation. A press conference is scheduled for May 16, 2014, to launch the campaign to coincide with trauma awareness month.

The committee will develop talking points to demonstrate the impacts of traumatic injuries to Southern Nevada and utilize the fact sheet to educate policymakers. A concrete dollar amount will need to be established for pursuing trauma system funding. Creating a list of stakeholders and involving them in the dialogue about system funding will be beneficial in preparation for the next legislative session. Potential funding sources to pursue include adding fees to motor vehicle and homeowners insurance policies and exploring the possibility of adding a fee to traffic citations. Ms. Breen explained the two top mechanisms of injuries are motor vehicle crashes and falls; therefore, making it logical to pursue a fee on insurance policies or traffic citations. She furthered that this information will need to be communicated to the public in order to seek support on assessing a fee to motor vehicle and homeowners' insurance policies. The public will need to understand the value of the trauma system in order to support additional fees on insurance.

The alternative funding option will be to research the feasibility of adding a fee to traffic citations. Ms. Breen reported that in 2007 Dr. Heck introduced SB58 which would have generated a fund to support rural EMS, but the bill didn't pass. The historical information from this bill will be utilized as a tool to develop strategies to move a potential bill forward. She noted that Senator Woodhouse has submitted a bill draft place holder and the committee will work with the Senator to continue its legislative efforts.

There was one area of concern that was brought up during the discussion of future legislative activities in support of the trauma system. Ms. Breen mentioned that there's consideration of moving the State EMS program from the Health Division to the Department of Public Safety (DPS). This move could potentially impact NRS450B from which the Southern Nevada Health District derives its authority over the EMS and trauma system. In addition, the relocation of the program could affect how legislators will vote on any potential bill draft in support of the trauma system.

In the event a bill draft is finalized and submitted to implement the relocation of the EMS program, then Dr. Fildes recommended that both the State Health Division and DPS deliver a presentation to the RTAB identifying the consequences of this move. Ms. Britt explained that during the most recent statewide EMS Advisory Committee conference call there was discussion about the value of moving the EMS program. It was explained that the program is layers deep within its current organization and it was felt by some committee members that by moving it to DPS there would be less bureaucracy. Dr. Fildes commented that relocating the EMS program from the Health Division to DPS removes the harmonization of health care that occurs in NRS450B and places it into the public safety net operations which is a very different concept. Dr. Homansky remarked that it would not be a desirable outcome to lose control at the local level. Kim Dokken questioned if the State would separate EMS and trauma, and Ms. Britt responded at the moment it's not clear. Dr. Iser added that there is a significant difference between Washoe and Clark Counties, noting that there have been issues between the Regional Emergency Medical Services Authority (REMSA) and the fire services in the northern districts which may have prompted the discussion for the potential move. He also agreed with Dr. Homansky's concern that losing local control could present challenges for the jurisdiction. In sum, this issue will be closely monitored and updates will be provided to the RTAB and Medical Advisory Board as needed.

As the discussion regarding legislative activities was coming to a close, Ms. Breen posed the question as to whether or not the RTAB could support legislative initiatives that aim to reduce morbidity and mortality, such as the primary seat belt law. In response, Dr. Iser commented that the District is in the process of hiring a new lobbyist and that input from the various programs within the District would be solicited about which initiatives should garner support. Ms. Breen emphasized that support from the RTAB would be beneficial.

G. Trauma Field Triage Criteria Data Report

Ms. Britt reported that the volume of patients transported to a trauma center that met the trauma field triage criteria (TFTC) were steady in the fourth quarter of 2013; the monthly volume ranged between 454 and 464 for the quarter. In reviewing the patient volume for the last four years, it was noted that there has been a slight system wide increase but that the numbers are not as high as the peak of the system volume in 2008. She added that Dr. Fildes previously requested further analysis of the data with a focus on patients who were admitted, went directly to the OR or ICU and their Injury Severity Scores. Dr. Homansky inquired about the time frame from arriving at the trauma center and going to the operating room. Dr. Fildes responded that the patients aren't retained in the resuscitation area for more than one hour.

Dr. Fildes commented on the TFTC data report noting a correction to the University Medical Center's (UMC) TFTC patient volume for 2013 to depict the totals of 400, 400 and 456 respectively for the months of October, November and December. He added with those numbers reflected in UMC's total, the trend line will be flat for 2013. In reviewing the trauma system's monthly average in 2010, the volume was close to 400 patients. In comparison, the 2013 system volume ranged between mid 400's to high 400's; therefore, denoting a monthly increase of approximately 50-70 patients over the last 3 years. Ms. Britt remarked that with the addition of the Step 4, Special Considerations, to the TFTC protocol the paramedics have greater latitude to transport to a trauma center. This trend will be monitored to verify if the number of patients being discharged is going to increase as a result of transporting patients that are not obviously injured to the trauma centers. Dr. Fildes agreed it should be monitored and remarked that even though there has been an increase of patients in the system, they are of low injury severity. He provided an example by referring to the December 2013 system total of 450 patients in which 64% of those patients were discharged. He

reiterated it was anticipated that with the revision of the TFTC there would be a larger patient count in the system but the acuity would decrease.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Eric Dievendorf reported revisions to the EMS protocols have been a work in progress the past two years and should be nearing completion. He added there was a complete overhaul of the procedures which have changed from the original word format to an algorithmic one.

B. Report from General Public Representative

Kelly Boyers reported that Adam's Place, a grief center for children and families, has been busy working with families with increasing mechanisms of death attributed to suicide and accidental overdose. She noted that previously the mechanisms were related to motor vehicle crashes and heart attacks, and they have been surpassed by the newer categories of suicide and overdose. There has been an increasing phenomenon of grandparents having to re-parent in approximately 50% of the cases. This created many challenges for the grief center, and caused them to develop programs and services to assist families with the guardianship process.

There is a Step Out for Safety Walk/Run scheduled for November 8, 2014 and there are plans to incorporate fun activities like a bubble run as a way to attract the public while delivering the message of injury prevention. Ms. Boyers continues to advocate for a primary seat belt law and voiced her concern that the Nevada Justice Association has been able to block this bill from passing because of their strong lobby. Going public with this issue will garner attention and provide an opportunity to educate the community on why the bill has not been unsuccessful over the last 15 years. She added the upcoming elections could also potentially impact the success or failure of a primary seat belt law in the next legislative session.

Ms. Boyers emphasized the importance of driver safety education and is working on outlets to deliver DMV-licensed professional drive school courses to teen drivers. She explained that those states which require driver education classes and more behind the wheel experience have lower teen crash rates in their first year of driving. In her closing comments, Ms. Boyers pledged her support to include the trauma system brand in injury prevention messages that will be published in the Review-Journal's weekly View newspapers. Finally, she thanked the Board for allowing her to serve as the General Public representative and remarked it was a valuable experience.

C. Report from Non-Trauma Center Hospital Representative

Sajit Pullarkat did not attend the meeting.

D. Report from Payers of Medical Benefits Representative

Kathy Silver did not attend the meeting.

E. Report from Rehabilitation Representative

Margaret Russitano stated there were no items to report as the Rehabilitation Committee has not convened.

F. Report from Health Education & Prevention Services Representative

Ms. Kalekas reported that the Southern Nevada Pedestrian Safety Task Force is coordinating a flash mob to debut the Crosswalk Crusader, the pedestrian safety super hero, in the heart of downtown. Anyone who is interested can join the cause.

G. Report from Legislative/Advocacy Representative

Ms. Breen stated there were no additional items to report.

H. Report from Public Relations/Media Representative

Danita Cohen did not attend the meeting.

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business on the agenda, Chairwoman Case called for a motion to adjourn. A motion was made by Chairwoman Case, was seconded by Dr. Fildes, and passed unanimously to adjourn at 3:28 p.m.