



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)**

**REGIONAL TRAUMA ADVISORY BOARD**

**APRIL 15, 2015 - 2:30 P.M.**

**MEMBERS PRESENT**

Sean Dort, MD, St. Rose Siena Hospital, Chair	Kim Dokken, RN, St. Rose Siena Hospital
John Fildes, MD, University Medical Center	Abby Hudema, RN, University Medical Center
Chris Fisher, MD, Sunrise Hospital	Stacy Johnson, RN, Sunrise Hospital
Dale Carrison, DO, MAB Chairman	Margaret Russitano, RN, Sunrise Hospital
Frank Simone, North Las Vegas Fire Department	Eric Dievendorf, EMT-P, AMR
Kathy Silver, Health Services Coalition	Senator Shirley Breedon, Public Representative
Erin Breen, Transportation Research Center, UNLV	

**MEMBERS ABSENT**

Sajit Pullarkat, Centennial Hills Hospital	Danita Cohen, University Medical Center
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**SNHD STAFF PRESENT**

Mary Ellen Britt, RN, EMSTS Manager	Joseph P. Iser, MD, Chief Health Officer
John Hammond, EMSTS Supervisor	Mike Bernstein, SNHD – OCDPHP
Heather Anderson-Fintak, Esquire	Lei Zhang, SNHD – Informatics
Corey Scribner, SNHD-Public Information Office	Michelle Nath, Recording Secretary

**PUBLIC ATTENDANCE**

Daniel Llamas, Sunrise Hospital	Troy Tuke, Clark County Fire Department
Jen Renner, 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 on April 15, 2015. Chairman Dort 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. Chairman Dort 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 Dort asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

## II. CONSENT AGENDA

Chairman Dort 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: 1/21/15

Chairman Dort asked for approval of the minutes from the January 21, 2015 meeting. *A motion was made by Dr. Fildes, seconded by Kim Dokken, and passed unanimously to approve the minutes as written.*

## III. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Nominations for Standing Members and Non-standing RTAB Member Seats for Terms Expiring June 30, 2015

- 1) Administrator from a Non-trauma Center Hospital
- 2) Payors of Medical Benefits for the Victims of Trauma
- 3) Private Franchise Provider of Advanced Emergency Care
- 4) Public Provider of Advanced Emergency Care
- 5) Rehabilitation Services
- 6) System Financing/Funding

Nominations will be accepted for the non-standing member seats with terms expiring on June 30, 2015. The OEMSTS will distribute the nomination forms to the RTAB members and submissions will be due within 30 days to allow for sufficient time for the RTAB Nominating Committee to review the applications. Their recommendations will be brought forward for endorsement at the next RTAB meeting.

### B. Discussion of Trauma Education for Rural Communities Sponsored by Emergency Medical Services for Children Grant

There is an opportunity to develop a trauma team to provide education in hospital settings throughout the rural counties of Nevada. The project is available through funding provided by the statewide Emergency Medical Services for Children (EMSC) grant. Abby Hudema stated she is willing to coordinate the development of the program and would create the course based on the American College of Surgeons curriculum. She stated the program should be a team effort and requested participation from trauma center personnel and other partners that would want to be involved in the process. She explained that the team would be responsible for providing trauma education to various regions in the state and the grant would cover the travel costs.

Dr. Fildes remarked that South Carolina did a similar project whereby teams were sent out to all the rural hospitals, many which were critical access hospitals, to provide education on trauma. He explained that the course takes about half a day, and the team consists of a doctor and nurse who will provide the training in an emergency department setting. The training includes materials such as basic patient care and preparing a patient for transport. The EMSC's interest is that there would be a pediatric scenario as part of the training so that the evaluation management and transport of the child would be appropriate. To run this program in Nevada, it would require putting together a group of people who could quickly become rural team instructors. The teams would be dispatched to conduct training at hospitals according to the regions assigned to each team. Personnel from Renown Regional Medical Center in Washoe County would need to be included so that they could manage the training for the northern region of Nevada.

### C. Discussion of Protocol Development for Hostile Mass Casualty Incidents Which Has Been Referred to the Drug/Device/Protocol Committee

Troy Tuke gave a presentation on the protocol development for hostile mass casualty incidents. The presentation was previously given to the Medical Advisory Board, and the Board referred the

protocol to the Drug/Device Protocol Committee for development of a simple protocol that would allow local fire agencies to institute a plan when responding to a hostile mass casualty incident. He explained that the protocol was developed by the Southern Nevada Fire Operations group, with input from law enforcement, to create an integrated response system during a mass casualty incident. Upon review of previous incidents like the one that occurred in Aurora, Colorado, which involved a hostile event that produced multiple casualties, EMS responders were advised to hold short because the scene wasn't safe. As a result, law enforcement officers transported many of the injured patients to the hospital. With the development of the new protocol, a response system has been created that would allow EMS responders to enter a hostile zone with law enforcement. In this environment, the initial "sift and sort" protocol would be applied; therefore, allowing EMS responders to continuously move from patient to patient until such time that those patients could be transferred to a safer zone. In this area, EMS personnel could then institute the protocols for prehospital care and commence standard triage.

Dr. Carrison remarked that Las Vegas is in a leadership position with the development of this protocol as there have been multiple inter-agency drills with the Metropolitan Police Department to practice this type of event. Those involved at the local level have also been able to assist other municipalities across the country to develop their own protocols. Dr. Fildes added that as result of the 2012 Sandy Hook Elementary School shooting there has been federal interest in developing these kinds of protocols to allow early evaluation of wounded individuals in a hostile scene. The value in this type of emergency response is that it allows a large number of patients to be triaged during an active scene.

D. Report: Southern Nevada Injury Prevention Partnership Meeting 1/13/15

1. Welcome and Introductions
2. Selection of Chairman
3. Selection of Vice Chairman
4. Discussion of Goals and Objectives of the Southern Nevada Injury Prevention Partnership
5. Update on Proposed Injury Prevention and Trauma Related Legislation
6. Discussion of Southern Nevada Trauma System Website
7. Next Meeting and Agenda Items

Mike Bernstein reported that he was elected chairman of the SNIPP and Dineen McSwain was elected vice chairman. During the discussion of goals and objectives, he explained that the members reviewed a list for the wide range of injury prevention resources that are available in Southern Nevada. The document was originally created in 2011 during the American College of Surgeons trauma system consultation visit, and the committee agreed to update the list. It was noted that motor vehicle crashes and falls are the two leading causes of injury in both the adult and pediatric populations, and there are injury prevention programs currently in place dedicated to these high risk areas. There are dedicated programs for drowning and suicide prevention; however, the emerging issue of prescription drug overdose will need to be added to the resource list.

Ms. McSwain remarked that University Medical Center has seen an increase in the number of non-accidental trauma cases for pediatric patients, and they have developed the "Time Out, Save a Child's Life" campaign for child abuse prevention. This prevalent issue will be another focus area for the SNIPP. Upon revision of the injury prevention resource list, it will be used as a tool in defining future goals and objectives for the SNIPP.

Mr. Bernstein informed the Board that Erin Breen had provided a legislative update at the SNIPP, and he would defer to her for reporting on injury prevention and trauma related legislation. The Southern Nevada Trauma System website was introduced to the SNIPP, and it will provide a mechanism to link to the websites of partnering agencies and will serve as a tool for publishing information related to injury prevention.

As Corey Scribner, SNHD Web Content Specialist, was present for the RTAB meeting, he gave an overview of the website. He informed the Board that the website has been launched and the version

that was presented to the Board previously was only a demo version. Trauma survivor videos are posted to the site, and the Board was able to view one about a patient who fell 80 feet from a zip-line. There is a photo gallery and pertinent trauma system documents are posted on the site. Mr. Scribner also illustrated how the trauma system twitter account can be accessed through the site.

In closing, Mr. Bernstein stated that the SNIPP discussed the various injury prevention activities scheduled within the upcoming months, and they include child abuse prevention, heat stroke awareness, and pedestrian and bicycle safety. The next SNIPP meeting is scheduled for July 13, which is prior to the RTAB meeting.

#### E. Legislative Update

Mary Ellen Britt provided the following report regarding legislation related to the EMS and Trauma System:

**SB 327** Amends NRS 450B to require minimum staffing of two attendants on an air ambulance and specifies the qualifications of the air ambulance attendants. The language requiring an air ambulance that receives a patient in Clark County to be permitted in Clark County was removed. This bill was heard in the Senate Health and Human Services Committee and passed.

**AB 91** Amends NRS 433A to expand the list of persons authorized to conduct the medical examination required before a person is admitted to a mental health facility on an emergency basis to include paramedics. It also adds Physician Assistants to the list of persons who can initiate the L2K process and adds other specially trained persons (Physician Assistants, Clinical Social Workers, Advance Practitioner Nurses, or accredited agents of Division of Public and Behavioral Health) to the list of professionals who can certify or decertify a person believed to be mentally ill. The bill was heard by the Assembly Health and Human Services Committee and passed.

**AB 158** Amends NRS 450B to authorize any public or private entity where allergens capable of causing anaphylaxis are present to obtain an order for an epinephrine auto-injector to be kept on-site and administered to a person reasonably believed to be experiencing anaphylaxis by an appropriately trained agent of the entity, a family member or health care provider. If a nationally recognized organization does not provide the training, the District Board of Health will be responsible for approving the person or organization to provide the training. The bill also requires the Board to collect data from the authorized entities and publish an annual report. The bill was heard by Assembly Health and Human Services Committee and passed with amendments.

**AB 305** Amends NRS 450B to allow a permitted ambulance service or fire-fighting agency to provide community paramedicine services with licensed attendants who have been endorsed to provide the services. The language is written broadly to allow the health authorities to write regulations to define how these programs will be operationalized to best meet the needs of the community. The bill was heard by Assembly Health and Human Services Committee and passed.

**AB 308** Amends NRS 450B to exempt cities, towns or townships whose population is less than 25,000 from needing to comply with the current requirements for special event medical coverage. It also clarifies the requirements for EMS personnel to be licensed. The bill was heard by Assembly Health and Human Services Committee and passed.

**AB 463** Amends NRS 450B by adding a new section that authorizes the health authority to enter into a Recognition of Emergency Medical Services Personnel Licensure Interstate Compact which would allow a person licensed in another member state to practice in this state. The bill was heard by Assembly Health and Human Services Committee and referred without recommendation to the Way and Means Committee. Work sessions will be scheduled to address concerns expressed by some.

Erin Breen reported on injury prevention and trauma related legislation:

**SB2** Increases the maximum speed at which a person may drive or operate a vehicle. The bill was passed by the Senate Transportation Committee.

**SB144** Designates pedestrian safety zones in certain circumstances; provides for enhanced penalties for certain traffic violations in pedestrian safety zones; and prohibits a driver from making a U-turn

or passing another vehicle in a school zone. The bill was passed by the Senate Transportation Committee.

**SB188** Changes the word “accident” to crash as it relates to motor vehicles. The bill was passed by the Senate Transportation Committee.

**SB189** Develops a standardized system for the collection of information concerning the treatment of trauma and establishes a fund for the trauma registry. The initial intent of the bill was to create a dedicated and sustainable funding source for EMS and trauma system activities statewide; however, the bill was amended to remove the funding mechanism (\$1.00 per motor vehicle and homeowners insurance policies sold in Nevada) and to solely cover the trauma registry. The bill was heard by the Senate Health and Human Services Committee and has been referred to the Senate Finance Committee. A request has been made to the sponsor of the bill to make a revision to note that the funds are to be used for EMS and trauma system activities. During the update, Dr. Eisen recommended that an additional amendment be included to permit the fund to receive grants, gifts and donations.

**SB245** Revises provisions concerning penalties for a person who drives a vehicle and causes substantial bodily harm or death of another person and leaves the scene of an accident. The bill was passed by the Senate Transportation Committee.

**SB267** Revises provisions relating to the transportation of children in motor vehicles. This bill would have revised the requirements for a child to be secured in a child restraint system, until age 8 80lbs and 4’9” tall, and children less than 13 years of age to wear a safety belt and ride in the back seat of a motor vehicle. The bill was heard by the Senate Transportation Committee and did not get voted out of committee.

**SB354** Authorizes the use of motorized wheelchairs and the movement of other pedestrians in bicycle lanes under certain circumstances. The bill was passed by the Senate Transportation Committee.

**SB404** Provides for the registration of mopeds, requires a fee for the registration and will likely result in the rider needing to wear a helmet. The bill was passed by the Senate Transportation Committee.

**AB148** Revises provisions governing firearms; authorizes a person holding a permit to carry a concealed firearm to do so on certain property of a public airport or on the property of the Nevada System of Higher Education under certain circumstances. The bill was passed by the Assembly Judiciary Committee.

F. Update of Status of State Trauma Registry

Ms. Britt reported that there were no new developments in the status of the trauma registry. The Health District continues to reach out to the Health Division and offer alternatives to assist in the process of receiving and analyzing data, and generating reports. Dr. Iser added that Richard Whitley, Administrator for the Nevada Division of Public and Behavioral Health, is supportive of working with the Health District; however, currently there is no funding to cover these activities. The Health District lobbyist is working to identify a funding mechanism through the Appropriations Committee for supporting the trauma registry. Any identified funding would be used to further the progression of the trauma registry for the entire state. There are other similar projects, outside of trauma, that the Health District is developing for the state because of the availability of resources within the District.

Stacy Johnson reported that she had recently attempted to transmit the trauma data from her facility to the state but it was not a successful transmission. The vendor for the trauma registry continues to make attempts to resolve the issues with the registry; and with the current status, it’s uncertain whether or not the state will be able to publish an annual report by July 1, 2015, as promised.

G. Trauma Field Triage Criteria Data Report

Ms. Britt referred the Board to view the various TFTC reports for the fourth quarter of 2014 that

were available in their member packets. There were 1,416 patients transported to the three trauma centers by EMS for the fourth quarter of 2014, and a total of 5,972 patients were transported for the entire year. In reviewing the annual data for transports, it was noted that January, February and Decembers are generally the months where the transport volume drops substantially.

There was a question regarding the total of out-of-area transports for Sunrise, and whether or not the total represented the amount of patients that should have been transported to Sunrise but were instead transported to another facility. Ms. Britt clarified that this was not the case, and that the number represented patients transported to Sunrise who were zoned to go to one of the other trauma centers; therefore, they were out-of-area for the Sunrise catchment area. The location of Sunrise's catchment area, contributes to their quarterly total of 33. Ms. Britt noted that the out-of-area transports remained under the 5% tolerance benchmark for the fourth quarter with an average total of 2% for the system.

#### **IV. INFORMATIONAL ITEMS/DISCUSSION ONLY**

##### **A. Report from Emergency Medical Services Representative**

Frank Simone stated that aside from the hostile mass casualty incident protocol that was presented by Troy Tuke there were no further items to report.

##### **B. Report from General Public Representative**

Senator Shirley Breeden stated there were no items to report.

##### **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 remarked that gaining support from the healthcare insurance industry for trauma related legislation would be beneficial for the legislative session. This industry is financially impacted by the high cost of medical claims related to traumatic injuries, and aligning forces could have an impact in the legislative session. Dr. Iser suggested there may be an opportunity to testify in support of SB189 when the bill is heard by the Assembly. Senator Breeden agreed with Dr. Iser's recommendation and added that comments could be made on the record while the bill is still in the Senate Finance Committee.

##### **E. Report from Rehabilitation Representative**

Margaret Russitano reported that the Trauma Rehabilitation Committee is still in the process of being re-established, and she anticipates having a progress report for the next meeting.

##### **F. Report from Health Education & Prevention Services Representative**

Dineen McSwain stated that there are health education and injury prevention events scheduled in the near future. The first is a media kickoff for heat stroke awareness, which is scheduled for April 16, beginning at 10:00 a.m., and will take place at Sunrise Hospital. This will provide an opportunity to educate the public about the dangers of leaving children unattended in vehicles, and Clark County Fire Department will be on site to do a mock rescue. The second event relates to bicycle and pedestrian safety. It will be held on May 2, 10:00 a.m. - 1:00 p.m., at the Las Vegas Lotus at Centennial Center and US95. There will be a bike rodeo and free helmets will be offered to those in attendance.

##### **G. Report from Legislative/Advocacy Representative**

Erin Breen stated that 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, *Chairman Dort adjourned the meeting at 3:39 p.m.*