



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
REGIONAL TRAUMA ADVISORY BOARD

November 30, 2016 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, St. Rose Siena Hospital, Chair	Douglas Fraser, MD, UMC (Alt.)
Kim Dokken, RN, St. Rose Siena Hospital	Kim Cerasoli, RN, University Medical Center
Chris Fisher, MD, Sunrise Hospital	Alma Angeles, RN, Sunrise Hospital
Amy Doane, System Finance/Funding	Kelly Taylor, Payers of Medical Benefits
Shirley Breeden, Public Representative	Danita Cohen, Public Relations/Media
Margaret Russitano, RN, Rehab Services	Frank Simone, Paramedic, Public EMS Provider
Sajit Pullarkat, Administrator, Non Trauma Center Hospital	Dineen McSwain, RN, Health Education & Injury Prevention Services
Jason Driggars, Paramedic, Private Franchise EMS Provider	

MEMBERS ABSENT

John Fildes, MD, UMC	Erin Breen, Legislative/Advocacy
Dale Carrison, DO, MAB Chairman	

SNHD STAFF PRESENT

Joseph P. Iser, MD, Chief Health Officer,	John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Medical Director	Laura Palmer, EMSTS Supervisor
Michael Johnson, PhD, Director of Community Health	Lei Zhang, PH Informatics Scientist
Prut Odomwattawee, PH Informatics Scientist	Jay Boyer, Sr. Informatics Scientist
Heather Anderson-Fintak, Associate Attorney	Edie Mattox, Administrative Secretary
Judy Tabat, Recording Secretary	

PUBLIC ATTENDANCE

Carl Bottorf, Life Guard International

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 30, 2016. Chairman Dort called the meeting to order at 2:33 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 pertaining to items listed on the Agenda. 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 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: 7/07/2016

Chairman Dort asked for approval of the minutes from the July 07, 2016 meeting. *A motion was made by Member Angeles, seconded by Member Fisher and passed unanimously to approve the minutes.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Trauma Needs Assessment Taskforce (7/20/16; 8/23/16; 9/20/16)

7/20/16

Discussion of Creating Taskforce Versus Workgroup

Further Develop Standardized Measures for Assessing the Needs of the Trauma System

8/23/16

Discussion of Trauma Needs Assessment Taskforce Bylaws

Further Develop Standardized Measures for Assessing the Needs of the Trauma System

9/20/16

Further Develop Standardized Measures for Assessing the Needs of the Trauma System

Ms. Doane reported that the taskforce has made good progress on developing criteria. They are working on population data by zip code, looking at growth populations, and researching best practices at other major metropolitan areas of similar population and demographic makeup. They are still working on how to look at criteria from an injury severity score (ISS) perspective as well as traumatic injury patients at non-trauma centers. She added that the taskforce decided that looking at lead agency and community support would be a phase II of consideration after looking at objective criteria for the purpose of assessment. She noted that the taskforce approved their bylaws which are included in the Board's handouts.

Chairman Dort asked for approval of the Trauma Needs Assessment Bylaws. *A motion was made by Member Dokken, seconded by Member McSwain and passed unanimously.*

B. Committee Report: Southern Nevada Injury Prevention Partnership (07/11/2016 & 10/17/2016)

7/11/2016

Nominations for Chairman and Vice Chairman

Update on Trends in Non-Accidental Trauma

Discussion of Current Injury Trends to Follow

10/17/2016

Nominations for Chairman and Vice Chairman

Update on Trends in Non-accidental

Ms. McSwain reported that they are still seeking a new chairman and added that she will continue to vice chair once they fill that position. The committee has concentrated on pursuing new members and has heard from three different groups that have shown an interest in the SNIPP project. The next SNIPP meeting will be held in January.

C. Trauma Field Triage Criteria Data Report

Ms. Palmer reported the following trauma data for the 2nd quarter of 2016:

- 1) Total Transports = 1,702; (1,614 adult; 88 pediatric)
- 2) UMC = 1,159 (1,092 adult; 67 pediatric)
- 3) Sunrise = 355 (342 adult; 13 pediatric)
- 4) St. Rose Siena = 136 (131 adult; 5 pediatric)
- 5) Total Out of Area Transports = 5%

Ms. Palmer announced that the Health Districts Informatics Department has developed a program for trauma registry and turned the meeting over to Prut Odomwattawee.

Prut Odomwattawee, Informatics Scientist with the Health District gave a demonstration on the program they developed through the Pentaho platform to be used for the trauma registry. He explained that the data entry portion is very user friendly and will be able to deliver accurate reports to the end users. Mr. Hammond added that this web portal is currently for non-trauma centers to be used as their non-trauma data input portal and each individual hospital will have their own login and what they have access to will be based on their facility login.

Dr. Iser informed the Board that this is the program that they have proposed in terms of doing the trauma registry for the State. He added that they haven't demonstrated this to the State yet but advised them that they are ready to show them the demo.

Jay Boyer, Manager of the Informatics Department, made the point that they would like this tool to be more open ended so that the non-trauma hospital could record any data they felt they needed with the ability to run reports. When they are pulling data out for NTDB reports, they would filter the data to only pull the appropriate data. The trauma centers will continue working with Digital Innovations (DI) and that data will be transmitted to the State or maybe directly to the Health District if acting on behalf of the State. The data received will be put into the data warehouse and made available to the State and through the trauma web application for reports. For the trauma centers, the relationship with DI won't change. There will be no charge for the non-trauma centers for this web application. The Health District is doing this in cooperation with the State trying to get better trauma data collection and analysis available to everyone.

Dr. Iser stated that he met with the democratic caucus of the upcoming legislature and will be having meetings next week with the republicans with regard to Senator Woodhouse's bill to fund the trauma system. This bill would fund more than the trauma registry, it will also fund their educational outreach and reduce fee for EMTs and Paramedics. That was one of the conditions that the legislature has required of the State but they haven't been able to fulfill up to now.

Dr. Fraser questioned if this program supports adhoc reporting or do all the reports have to be generated through the Health District.

Mr. Zhang advised that they can potentially build those data cubes and adhoc reports and allow the individual facility to pick certain data elements and expand all those fields. This program is an open source and they would have all those functionalities.

Dr. Iser stated that they have been able to do in a couple of months what DI hasn't been able

to do for a couple of years. That is why they have talked to the State about taking this over because the Health District has the capability in their informatics group. He added that there has been one meeting with the State that included all of the hospitals state wide and now after seeing the capability of this program, he asked the Board if they would be comfortable writing a letter of support. The proposal would be for the Health District to take over the trauma registry on behalf of the State, not to be a contractor of the State.

Ms. Angeles stated that the change from the Health District housing the data to now being the data owners brings up different questions and concerns. She added that until they get those questions and concerns addressed she felt it wasn't fair for us to take a statement without hearing from all that are directly affected by the change.

Dr. Iser stated that the State is actually supportive of this. They had a meeting with all of the hospitals to discuss this and there were some questions in particular that Renown brought up. He added that they can do this for Southern Nevada without doing it for the entire state.

Ms. Angeles stated that during that meeting there was follow up information that was requested as far as the plans for who is responsible for the data. That information hasn't been received so those lingering concerns still continue. She added that they were also given the impression that there would be another meeting where all those concerns would be discussed.

Dr. Iser stated that there will be a second meeting with all of the hospitals soon. He suggested that if this Board has any questions to please send them to him and they will be able to answer those publically and also do another demo at the next meeting in January. He added that they could even bring back a proposed letter of support for this Board to review.

Ms. Dokken agreed with the suggestion of waiting until January to come back with a draft letter of support. She added that she would feel more comfortable if she reviewed the usage policy that Mr. Hammond is currently working on.

Dr. Iser stated that their plan is to give a demonstration of this program to the State, other local health authorities, and hospital systems. He added that they are still a ways away, but want to be able to move forward and continue developing and utilizing this tool.

Ms. Angeles agreed with Ms. Dokken and stated she would like to wait until the January meetings after questions are answered.

Dr. Dort felt it would be a good idea to bring a draft letter, something concrete that everybody can see rather than an abstract vision of what might be written.

IV. INFORMATION ITEMS / DISCUSSION ONLY

A. Report from Emergency Medical Services Representative Public/Private

Mr. Simone and Mr. Driggars stated there were no items to report.

B. Report from General Public Representative

Shirley Breeden stated there were no items to report.

C. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there were no items to report.

D. Report from Rehabilitation Representative

Ms. Russitano stated there were no items to report.

E. Report from Health Education & Prevention Services Representative

Ms. McSwain reported the following upcoming events:

- 4th annual Heroes Challenge at UMC, 11/30/16
- Sunrise Hospital Annual kick off for no drugs and no drinking & driving
 - Santa Clause is Coming to Town, Please Don't Run Him Over 12/01/16-

This is an injury prevention through education event to kick off December as the Drunk Driving Prevention Month through NHTSA's national program.

- 18th annual "You Drink, You Drive, You Lose" event at UMC, 12/2/16
- Zappos "So you think you can drive" event, 12/8/16
- November 20th The World Day of Remembrance for Road Traffic Victims was held at Palm Mortuary Downtown. Each impacted victims family received an ornament with their name and date of their birth & death and they hung it on a tree of remembrance. This will be held annually moving forward.

F. Report from Legislative/Advocacy Representative

Ms. Palmer reported for Erin Breen on the following bills that will be introduced to legislature:

- Require helmets on scooter drivers and riders
- Allow Primary enforcement of the seat belt law
- Require Ignition Interlock on a first DUI conviction
- Add ban on all cell use under graduated driver licensing
- Upgrade the current booster seat law to 4'9" tall, and 8 years of age; 13 and under in back seat when practicable and other improvements to transport children safely
- Upgrade language in Vulnerable Road Users law

G. Report from Public Relations/Media Representative

Ms. Cohen stated there were no items to report.

H. Report from Payer of Medical Benefits

Ms. Taylor stated there were no items to report.

I. Report from System Finance/Funding

Ms. Doane stated there were no items to report.

V. **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 Dort asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

VI. **ADJOURNMENT**

There being no further business to come before the Board, Chairman Dort adjourned the meeting at 3:19 p.m.