



## MINUTES

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

### DIVISION OF COMMUNITY HEALTH

### SOUTHERN NEVADA INJURY PREVENTION PARTNERSHIP (SNIPP)

February 11, 2019 - 10:00 A.M.

#### MEMBERS PRESENT

Jessica Johnson, SNHD, Chair  
Rebecca Cruz-Nanez, SNHD (Alt)  
Stacy Johnson, MountainView Hospital (via phone)  
Matthew Manning, CPSC (via phone)  
Jamie Ross, PACT

August Corrales, UMC, Vice Chair  
Cassandra Trummel, UMC  
Andrew Eisen, MD, The Valley Health System  
Colette Moore, UMC Health Living

#### MEMBERS ABSENT

Rachell Eisert, St. Rose Siena  
Myacinth Pineda, St. Rose Siena

Steve Johnson, MedicWest Ambulance  
Tara Phebus, MA, NICRP-UNLV

#### SNHD STAFF PRESENT

Chad Kingsley, MD, Regional Trauma Coordinator

Judy Tabat, Recording Secretary

#### PUBLIC ATTENDANCE

Crystal Powell

Maya Holmes, Culinary Health Fund

#### CALL TO ORDER – NOTICE OF POSTING

The Southern Nevada Injury Prevention Partnership convened in the Red Rock Trail Conference Room at the Southern Nevada Health District (SNHD), located at 280 S. Decatur Boulevard, on February 11, 2019. Chairman Jessica Johnson called the meeting to order at 10:07 a.m. and noted the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law.

- I. **PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the Agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chairman or majority vote.

Chairman Johnson asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting.

- II. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Injury Prevention Partnership which may be enacted by one motion. Any item may be discussed separately per Committee Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Southern Nevada Injury Prevention Partnership: 10/15/2018

Chairman Johnson asked for a motion to approve the Consent Agenda. Motion made by Member Corrales, seconded by Member Ross and carried unanimously.

- III. **REPORT/DISCUSSION/POSSIBLE ACTION**

A. Update from the Regional Trauma Advisory Board (RTAB)

Mr. Corrales stated that the SNIPP Committee reports to the RTAB as a subcommittee that focuses on injury prevention. He reported that the RTAB meeting was highly publicly attended focusing on the application process for additional trauma centers. The RTAB made some adjustments on defining the parameters of the Trauma Needs Assessment Tool which passed unanimously. He added that the SNIPP bylaws were brought forward with the recommended changes made by this Committee and they passed unanimously which will help with quorum and broaden the focus of this Committee. Nominations for RTAB seats are currently open and will close by April 30<sup>th</sup>. He stated that Mr. Kingsley gave a great presentation on the 2017 Clark County Trauma System which he will present to this Committee today.

B. Review/Discuss Trauma Data from Trauma Report

Mr. Kingsley gave a presentation on the 2017 Clark County Trauma System Report. He stated that there is a link on the SNHD website to view the report and anyone who would like a hard copy to contact him. He added that this report becomes a great educational piece for anyone wishing to understand the current trauma system. This will be done on an annual basis around July or August of every year. He stated that there is room for improvement and welcomed everyone's input.

Mr. Kingsley reviewed the 3<sup>rd</sup> quarter 2018 Trauma Registry report and stated that the number (1) mechanism of injury for patients was falls, followed by motor vehicle traffic occupant, and then GSW. He added that their pedestrian deaths are down, but their unrestrained passengers were significantly higher. He noted that the infant mortality is very low compared to the nation.

Mr. Corrales commented that to compile this report from ground zero is a huge undertaking and stated that Mr. Kingsley did an amazing job.

Ms. Johnson asked if he would send out a link to the Committee. Mr. Kingsley answered in the affirmative.

C. Workgroup Report 12/11/2018

Mr. Corrales reported that the focus of the workgroup was to identify what existing programs are out in the community that perhaps SNIPP could invite to their meetings to lend them support and additional resources through contacts and being able to promote their events. He added that the workgroup discussed (5) major areas. 1) Traffic related injuries. He referred to the handout on traffic & pedestrian safety resources noting Andrew Bennett and Erin Breen. Andrew Bennett is the Public Information Office at the State of Nevada. He provides reports about fatalities and safety from a state perspective. Erin Breen is the director at UNLV for the Vulnerable Road Users Project. She also participates with Vision Zero and has a strong Pedestrian Safety Coalition campaign that includes public education. 2) Choose Your Partner Carefully campaign which was developed to help prevent the abuse and/or neglect of children by educating parents about the importance of choosing a partner carefully. Other topics under this campaign include: Toxic Stress, Shaken Baby, Countering Violence Extremism. He also included the State Division of Maternal Child Health which currently has a sexual violence program with a domestic violence fatality review team. 3) Child Maltreatment which includes all forms of child abuse. He stated that the workgroup discussed seeing it mostly in primary care facilities where parents are not reporting these issues. He added they also discussed the possibility of creating a collective order set.

Dr. Eisen questioned what a collective order set is for a primary care setting. He understood that in a hospital setting but typically not in a primary care setting. He also questioned the statement that parents are not reporting these issues because almost always the parents are the perpetrators and wouldn't expect them to report. He explained that one of the issues that they are dealing with in several consults that he has been called in on with child protective services is the licensee's, the primary care providers and other healthcare licensees who are not reporting. He voiced his concern about this being pointed at the parents rather than the professionals who have a legal and ethical obligation to report reasonable cause to believe that a child has been abused or neglected.

Mr. Corrales stated that since the parents would be reluctant to say anything, this topic was discussed to investigate the possibility of creating an order set with some input with law enforcement or even child abuse personnel. He felt it needed to be addressed but didn't know the right forum for that to be addressed and achieved.

Dr. Eisen related that one of the things that he has done with child death review is to work initially with one of the large groups of emergency medicine (EM) providers and then try and spread that across the entire community to adopt some standardized protocols for the assessment of suspected abuse and neglect in children. He added that work is already starting but again in the outpatient setting and primary care setting he wasn't sure what the mechanism would even be to make that happen. He felt they would be better off creating standardized protocols in a controlled environment like the emergency departments and then educate the physicians, APRN, or any primary care provider to say if you are not 100% comfortable managing this, send them to the Emergency Department.

Ms. Trummel questioned if there is standardized education that providers who have clinics must take based on state-wide mandates as far as recognizing and reporting child abuse or neglect.

Dr. Eisen stated there is no standardized education. There is standardized acknowledgement of the responsibility to report since 2013. That was the first point at which it was mandated that any licensed healthcare professional and listed all the health professions chapters except for the veterinarians, that on initial licensure or on renewal of licensure, had to acknowledge their obligation to report suspected child abuse and neglect. There isn't a standardized protocol of education for those professionals, it just doesn't exist.

Ms. Trummel stated that they are starting education at UMC for staff but added their physician group is harder to get since they are not employed by UMC. She felt they must figure out a way to get that education to them in hopes of making it a community wide effort.

Dr. Eisen agreed and stated he would be happy to help. He suggested that the hospital could make that a requirement of maintaining staff privileges but would have to convince the Medical Executive Committee.

Ms. Johnson questioned if they were going to do any kind of fact finding between now and the next meeting on this topic. She felt this could be a potential area that the SNIPP could help with or help develop. She questioned what would be some key take away points that potentially could be done between now and the April meeting.

Dr. Eisen commented that they are already trying to make some headway on this with one of the large EM groups contracted through the Valley Health System to try and develop some of these protocols which they can bring to the other EM facilities. They recognize the reporting form is awful, it doesn't interact well with the electronic medical record systems that they have so when he reviews medical records for abuse cases frequently that form is blank or near blank which is not helpful. It is pointless to have a form if it is not being filled out. He didn't feel that they need to have multiple entities trying to do the same thing. He felt that it will help once they have a better sense of what those protocols should look like and to have a broader coalition really pushing that to encourage adoption across all the hospitals. He felt it needs to be pushed out to freestanding emergency departments, the micro hospitals, the urgent cares, and anybody who runs this risk. For the primary care facilities that don't really have the mechanism in place to do proper assessment, or they are not sure or comfortable, just refer them in because they will have the protocols in place.

Ms. Johnson asked if it would be possible to have a presentation on this topic at the next meeting.

Dr. Eisen felt there might not be much to offer at this point, but felt it is an issue to come back to.

Mr. Corrales continued with 4) LV Metro PD – Office of Community Engagement and stated that the topic of gang related violence came up and then the question was asked if this is a high priority issue. He added that all these issues are important, it is just which ones can they address in the limited time that they have. Mr. Corrales then turned the discussion over to Jamie Ross to discuss 5) Jamie's Group, Peer Navigation/Connection to Care.

Ms. Ross explained that for peer navigation they have certified Peer Recovery Support Specialists (PRSS) who are in recovery from substance use or mental health disorders. Their life experiences allow them to provide support in a way that professionals often have trouble doing. She added that they also connect the resources by understanding who is doing what in the community with behavioral health and substance abuse issues and connect them to care since navigating any of these services is difficult at any point.

Mr. Corrales stated that as a final comment they wanted to get together to discuss what is being done out in the public so that again they would not duplicate efforts but rather enlist them and engage them and find out what SNIPP could do as a Committee. He felt the more hands with more resources they will be able to have a greater chance of achieving their end goal which is to help prevent injuries in key areas.

Ms. Johnson suggested having someone from these (5) areas come and speak at a future SNIPP meeting and give a presentation of their understanding of how this is impacting Clark County and how the SNIPP Committee may be helpful to them in their effort.

Dr. Eisen mentioned that Tara Phebus would be the person to contact from the Child Death Review (CDR) team. He added that Clark County CDR and State of Nevada CDR produce an annual report that she could provide.

Ms. Johnson stated that they will invite Ms. Phebus to come speak at their October meeting. She asked the Committee about inviting Laura Gryder from UNLV to give a presentation on traffic and safety at the next April meeting.

Ms. Moore remarked that in the workgroup meeting they had discussed inviting someone from the Nevada Goes Falls Free Coalition, so she tentatively spoken with Shannon Martin about whether they would be willing.

Ms. Trummel suggested doing Nevada Goes Falls Free Coalition in April because it is their #1 mechanism of injury. The Committee agreed.

Ms. Ross questioned why Shaken Baby and Countering Violence Extremism is under Choose Your Partner Carefully. She felt Shaken Baby should be under Child Maltreatment and Countering Violence Extremism under LV Metro PD-Office of Community Engagement.

Mr. Corrales stated that those are the topics that came up during that discussion adding that they can move around.

Ms. Johnson asked the Committee if there were any other comments. She added if the Committee knows of anyone in the community who would be great to share a program of interest, feel free to reach out to her or Mr. Corrales.

D. Selection of Sub-Working Groups

Discussed in above agenda item

E. Discuss Next Meeting and Agenda Items (4/15/2019)

Chairman Johnson stated the next meeting is April 15<sup>th</sup>. She asked the Committee if everyone received a calendar invite for the entire year and thanked staff for sending that out.

**IV. INFORMATIONAL ITEMS**

Ms. Trummel reported on the following events:

- LVMPD Traffic Safety Event-March 23 at Whitney Community Center (5712 Missouri Ave, 89122). This focuses on Pedestrian Safety.
- 2019 Pediatric Trauma and Burn Conference-July 24<sup>th</sup> at Texas Station Hotel and Casino.

Ms. Ross reported that the annual Black Monday event will take place that evening at UNLV in the ballroom on the 2<sup>nd</sup> floor of the student union. This event provides individuals and families struggling

with substance abuse and mental health issues with resources, support services and specialized training.

Ms. Johnson introduced Rebecca Cruz-Nanez, who is sitting proxy for Kathryn Barker. She is SNHDs new injury and violence prevention health educator.

- V. **PUBLIC COMMENT:** 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 included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell you last name for the record. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chairman or by majority vote.

Ms. Johnson asked if anyone wished to address the Committee.

Crystal Powell questioned Dr. Eisen about how there are no mechanisms in place at primary care facilities for reporting child maltreatment and if he was saying that there aren't screening protocols in primary care facilities right now.

Dr. Eisen clarified that it is not that there aren't reporting protocols because the reporting is quite simple, it's picking up the phone. In terms of the availability of screening protocols, they are there. The issue is more that in the primary care offices, for one you don't have any sort of unified oversight to be able to implement consistent protocols for assessment. The other is that many don't have the mechanism within that primary care facility to do the kind of workup that you would need for example a standard set of x-rays, CT scans or if they want to get ophthalmology exams. It's those kinds of resources that are not consistently available in primary care sites. He added that what they need is for the primary care sites to recognize the potential of abuse and neglect, again, it's not their responsibility to get proof, it's just that if they have reasonable cause to believe a child is being abused or neglected and that they report to both law enforcement and CPS. After that notification if they need to be referred to a center to get that full assessment once those protocols are in place they are much better off.

Ms. Powell noted that if they are referring a family to an ER, you can't guarantee that they are going to go there.

Dr. Eisen agreed and added that if they have concerns about whether a family would follow up they would have an obligation to inform CPS and law enforcement that the family may elope. But again, if there is any concern that the families might not follow through, you have to communicate that with law enforcement and with CPS, but the alternative is most primary care offices wouldn't have the equipment to do a skeletal survey, wouldn't have the ability to have an ophthalmologist come to them to do a retinal exam on an infant if they needed to. They are going to have to leave that facility at some point. If there is concern that the family is not going to follow through, you must share that with CPS and law enforcement and if they feel that it is necessary for them to take custody then they do it.

Ms. Johnson asked if anyone else wished to address the Committee. Seeing no one, she closed the Public Comment port of the meeting.

VI. **ADJOURNMENT**

As there was no further business on the agenda, Chairman Johnson adjourned the meeting at 10:58 a.m.