



**MINUTES**

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

**DIVISION OF COMMUNITY HEALTH**

**TRAUMA NEEDS ASSESSMENT TASKFORCE (TNAT)**

**September 19, 2017 - 2:30 P.M.**

**MEMBERS PRESENT**

John Fildes, MD, Chairman, UMC  
Chris Fisher, MD, Sunrise Hospital  
Kim Dokken, RN, St. Rose Siena (via phone)  
Amy Doane, Vice Chair, Sunrise Hospital  
Stacy Johnson, RN, Mountain View Hospital  
Daniel Llamas, Sunrise Hospital  
Stephanie Miller, Southern Hills Hospital (Alt.)

Sean Dort, MD, St. Rose Siena Hospital  
Hilary Mauch, RN, Sunrise Hospital  
Kim Cerasoli, RN, UMC  
Sajit Pullarkat, Centennial Hills Hospital  
Danita Cohen, UMC  
Kelly Taylor, LVMPDEHWT (via phone)  
Jennifer Renner, RN, HCA

**MEMBERS ABSENT**

Adam Rudd, Southern Hills Hospital  
Frank Simone, Paramedic, EMS Provider (Public)  
Jason Driggars, Paramedic, EMS Provider (Private)

Shirley Breeden, Public Representative  
Gail Yedinak, UMC  
Deborah Kuhls, MD, UMC

**SNHD STAFF PRESENT**

John Hammond, EMSTS Manager  
Michael Johnson, PhD, Dir. of Community Health  
Scott Wagner, EMS Field Representative  
Judy Tabat, Recording Secretary

Laura Palmer, EMSTS Supervisor  
Heather Anderson-Fintak, Associate Attorney  
Gerry Julian, EMS Field Representative

**PUBLIC ATTENDANCE**

Douglas Fraser, MD, UMC  
Stephanie Lim, Spring Valley Hospital

Erica Nansen, UMC

**CALL TO ORDER – NOTICE OF POSTING**

The Trauma Needs Assessment Taskforce convened in the Red Rock Trail Conference Room at the Southern Nevada Health District (SNHD), located at 280 S. Decatur Boulevard, on September 19, 2017. Chairman John Fildes called the meeting to order at 2:30 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fildes noted that a quorum was present.

- 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 Board wishes to extend the length of a presentation, this may be done by the Chairman or the taskforce of majority vote.

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

## **II. CONSENT AGENDA**

Chairman Fildes stated the Consent Agenda consisted of matters to be considered by the Trauma Needs Assessment Taskforce that can be enacted by one motion. Any item may be discussed separately per taskforce member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Trauma Needs Assessment Taskforce Meeting: 07/19/2017

Chairman Fildes asked for a motion to approve the Consent Agenda. Motion made by Member Fisher, seconded by Member Cerasoli and carried unanimously.

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

### **A. Review/Discuss Data Dictionary**

Mr. Hammond stated that during the last meeting he was tasked to provide a data dictionary and in doing so he researched the National Trauma Data Bank (NTDB) and used them as a template. He referred to the Draft OEMSTS Data Dictionary that was in their handouts and stated that the only thing he was hesitant to add was the weights to all of sections of the Trauma Needs Assessment Tool.

Dr. Fildes stated that creating a data dictionary is a lot of work and pointed out that the data dictionary itself would not be the appropriate place to put weights. He explained that would come in some sort of application process or procedure document. He added that just defining what it is that they intend to measure, how it is measured, and where this data would be taken from will create one stream of consistent information which will remove a lot of the noise from conversation when they try to analyze particulars. He questioned if Mr. Hammond took the data points that they discussed in this document and moved them into the format of a dictionary.

Mr. Hammond answered in the affirmative and stated that there was some tweaking that had to be done to just look at the yes/no dichotomy and determine what the yes or no cutoff was.

Ms. Johnson referred to the SNHD Trauma Needs Assessment Tool under Population, item E where it asks if there is an increase in TFTC incidents in the area of population growth based on SNHD informatics data. She questioned why the State Trauma Registry Data isn't considered to get a look at the whole system as opposed to just the Trauma Field Triage Criteria (TFTC).

Mr. Hammond tried to explain that the trauma system is specific to TFTC patients and the protocol that is followed by EMS.

Ms. Renner expressed the fact that there are more trauma patients out there that do meet the criteria that are not falling into TFTC data and the state registry is an effective way to find that out.

Mr. Hammond felt that the data that they need to be looking at is those destination patients because those are the ones that will be affecting a new trauma center. He stated that he will add whatever this committee requests but was confused on what she was looking for because isolated extremity fracture would not be a TFTC patient.

Ms. Johnson agreed but added that isolated extremity fractures that get admitted for greater than 24 hours into a hospital would meet the National Trauma Data Bank criteria for a trauma patient.

Mr. Hammond stated that it still does not meet destination criteria for EMS which is what the trauma catchment area and trauma system uses.

Dr. Fildes stated that he has no problem adding the state data source into this data dictionary as long as they define how it is interpreted. He explained that TFTC tries to create a set of rules that direct the patient suspected of having significant injuries through the system and into centers. Every trauma system is made up of general emergency departments and trauma centers and every hospital will see patients with injuries but not all hospitals will be trauma centers and not all patients with injuries are trauma patients. When including the state database, they need to be very clear on that otherwise their trauma centers will become injury centers and their emergency departments will be dramatically diminished.

Mr. Hammond stated that if they are going to use NTR data they need to be cognizant of the fact that

they will have to scrub that data and look for those patients that meet TFTC and only include those.

Ms. Doane commented that clearly there is some concern about data quality and some variances amongst the two data sets. She suggested that they illustrate the state data as a whole as well as the variance between the state data and the TFTC. If that variance seems to be material or outlying that they note in this preliminary evaluation that a further analysis would have to be presented to the Board of Health (BOH) as part of that application to explain why there would be such a big variance between the state data and TFTC.

Dr. Fildes stated that he didn't entirely understand the concept being discussed and asked the people proposing the concept to put it in writing so that they understand what is being asked. He felt that Ms. Doane made a good point with regard to a big variance between the state data and TFTC requiring some investigation.

Ms. Doane explained that it would be a way for everyone to get both data sets included in the way they are trying to illustrate the numbers that show the story for a potential facility. They also point out dichotomies or variances in the data that may or may not be legitimate areas of concern.

Dr. Fildes stated that they have spent months and months describing and discussing the differences and the differences were very small. He added that he was happy to have it included but that he needed some clarity on what to include. He stated that he didn't quite understand the measure and asked for something in writing to the OEMSTS.

Ms. Doane felt that they include the facilities volume from the state registry as it is available and include both. She felt that it wasn't any more complicated than what they have in the tool for TFTC.

Ms. Renner agreed and suggested adding an item "G" under population asking if there was an increase or is there an area of volume the state trauma registry trauma data presents.

Dr. Dort believed what was being said was to investigate if there was a considerable number of patients who meet TFTC criteria that are not being sent to trauma centers. He added that would be the only reason to mine through all that data. One of their criteria here is an increase in TFTC patients but there is an insinuation that there is a population of those patients that are not being identified and/or seen at trauma centers.

Ms. Doane reiterated that the dataset from the state as a whole should be included and in theory as Dr. Fildes stated there should not be a big variance. The state data allows you to validate TFTC and if a big variance does result you further explore why.

Dr. Fisher acknowledged that he didn't know what that number was but suspected it would be small. He felt that for the reason of completeness they should look at those patients and see how many are coming through who aren't classified properly.

Ms. Palmer asked Ms. Renner to draft a letter "G" and email it to her. Ms. Renner agreed.

Dr. Fildes recommended that since this data dictionary discussion had been robust he would propose to seek a motion that a period for consideration and comment should take place with responses to the OEMSTS in writing. That should be done with the intent of bringing this to closure. Hearing none he moved to Item B on the agenda.

#### **B. Review/Discuss Draft Needs Procedure**

Ms. Palmer referred to the District Procedure for Use of the Southern Nevada Trauma System Needs Assessment Tool that was included in the committee's packets. She stated that this is a very basic draft procedure and it is formatted to match the rest of the regulations for the trauma system. This procedure outlines when they would use the tool and how to use the tool.

Ms. Doane suggested placing the burden on the applicant to run the data according to the data dictionary so you are serving as a fact check and validation instead of doing all the initial research.

Dr. Fisher felt that compiling data and statistics on a quarterly basis seemed burdensome and recommended doing it on a 6-month basis or annually.

Ms. Palmer suggested stating a minimum of an annual basis or as requested by the RTAB.

Dr. Fildes agreed adding that this will allow you to incorporate this into an annual report.

Chairman Fildes asked for a motion to enter into a period of consideration and comment on the District Procedure for Use of the Southern Nevada Trauma System Needs Assessment Tool with comments in writing to the OEMSTS. Motion made by Member Dokken, seconded by Member Doane and carried unanimously.

C. Review/Discuss Assigning Weights to the SNHD Trauma Needs Assessment Tool

Ms. Doane stated that she likes that way this assessment tool outlines yes or no on each of the questions because it creates simple criteria. She suggested that they just figure out what the threshold is for yes or no and whether it be more than 50% are checked yes or more than 60% versus trying to assign a weightiness to certain criteria. This will allow the BOH to take a more detailed approach to that analysis and give things a proper weight and consideration at the BOH level for each individual application at that point.

Dr. Fisher expressed the fact that having a minimum number of yes / no's to advance forward would define each question on this needs assessment tool to be weighted equally. He liked the simplicity of the plan because it would save a lot of debate on which questions are more important than others. He felt that on the other hand some of the questions were more important.

Ms. Doane stated that she didn't disagree but felt the critical nature of some of the data versus others will come forward in more detail at the BOH level. She gave an example of when the applicant moves forward past the initial stage, the lead agency / system stakeholder / community support domain will become more apparent and more important. Some of that criteria are kind of influx as moves through the process and gets more consideration as it gets more serious evaluation.

Ms. Dokken stated that if they individualize it, it takes away the objectiveness of the tool.

Ms. Doane declared that the tool is meant just for RTAB and not to be the be all end all for the BOH. She added that the tool is the clearing house for RTAB for the applicant to move forward.

Ms. Dokken felt that the BOH depends on the RTABs expertise.

There was considerable discussion regarding using the total number of yeses for the whole assessment tool or total number of yeses within a domain.

Ms. Doane felt that would depend on the individual application. Population growth might be more of an issue for one applicant and transport times might be more of an issue for another. Those are discussions that would be ferreted out in the BOH level analysis that this is about establishing a minimum criterion.

Dr. Fildes disagreed and stated that if he were to pick 4 items off this page that he felt were relevant and influential he would pick 1E, 1F, 2B and 3A. He added that those 4 would inform a conversation about what kinds of applications need to move forward into a bigger forum.

Mr. Hammond stated that having those 4 as absolutes and the others as potentials they could then determine from that what the underground level is for moving forward.

Ms. Renner questioned if there was a point where they would look at an outside independent 3<sup>rd</sup> party to come in that has expertise in expanding a trauma center to oversee this project for our first time and make a recommendation.

Mr. Hammond questioned who that 3<sup>rd</sup> party would be and who would pay.

Ms. Renner suggested that anybody that has expressed interest in expanding and becoming a trauma center should share in that cost, adding that HCA would be willing to share in that cost. She added that as a group they need to agree on who that independent 3<sup>rd</sup> party is.

Ms. Palmer informed the committee that they already established through the RTAB the only group they would take would be the American College of Surgeons (ACS). She added that they contacted ACS before the TNAT started and they said they would be happy to come out to explain the needs tool.

Dr. Fisher stated that going back to past minutes there is consensus that domain #1 population and #2 median transport times are more weighted than the others. He added that if they think they are more important than the others then they must go by category rather than by total yeses.

Ms. Taylor agreed with doing it by domain. She added that for several meetings they have been talking about weighting and she felt that this conversation is bringing them backwards instead of making progress. She felt the role of this committee is to give a tool with a scoring mechanism so there are less subjective opinions in grading it and using more objective data.

Ms. Doane suggested to do this as like a stair step clearing house where an applicant would progressively meet the majority of the criteria. For example, if the applicant meets the majority of the criteria in domain #1 they would move forward to domain #2. If the applicant meets a majority of criteria in domain #2, then agency support is taken into consideration. Then the items on the back page as Dr. Fildes said, can inform the rest of the opinion.

Dr. Fildes stated that the proposal from our vice chair was worth looking at. He felt that if the population is not growing and the number of patients requiring transports is not growing then the need for centers to grow is not there. He believed this was a reasonable way to create a procedure and could be incorporated into the discussion that was presented in district procedure for use.

Dr. Dort agreed that the stair step clearing house is an effective way to go but wouldn't lump everything together within each domain. If you look at population, item C and D are always going to be yes because the edges of the city are always going to grow faster than the center therefore you already have 2 yeses in the 1<sup>st</sup> domain.

Ms. Cerasoli agreed and added that an applicant could easily meet the 50% on only the population questions for which has been stated in the past, population does not necessarily generate more trauma.

Dr. Fisher stated that he interpreted 1C differently when you ask, "is an area of the Las Vegas valley demonstrating population growth at a faster rate than the rest of the valley". Fringe areas of the city always grow faster and comparing an area like Southern Highlands to the Northwest part of town one might be growing slower than the other. If an applicant is applying for the southern area but the northwest area is growing faster than the answer would be no. He didn't necessarily think 1C would always be yes. He added that in order to get more than 50% the applicant would still have to have A, B, C & D to get by.

Ms. Palmer asked the committee if they can say greater than 50%.

Dr. Fisher answered in the affirmative.

Dr. Fildes reminded the committee that if you are going to be doing a 50% rule, try to have an odd number of items in each category.

Ms. Doane suggested that E, F, & G at least one of those must be included in your majority.

Ms. Cerasoli stated that until item G is actually driven and they know that there is a number there she didn't feel that they could include it as one of the must qualifiers.

Dr. Fisher questioned if Ms. Doane was suggesting 50% plus E and F. Ms. Doane responded that 50% must include one of those clinical driven metrics.

Dr. Fildes asked for comments to be directed to the Office in writing.

Mr. Hammond asked that they place a time limit on sending in the written responses prior to the next meeting.

Dr. Fildes stated that they were 4 weeks out from the next meeting so it has to be in by 2 weeks. That gives you 2 weeks to prep it up.

#### D. Next Meeting and Agenda Items (10/18/2017 3:30pm)

Dr. Fildes informed the taskforce that the next meeting is scheduled for 10/18/2017 and asked everybody to check their calendars.

#### IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

Ms. Palmer stated that last year her office sent out a survey monkey for the Benchmarks, Indicators and Scoring (BIS) assessment which is an assessment of the state of the trauma system. This process will provide us the opportunity to identify our strengths and weakness and will assist us in prioritizing the action

steps necessary to enhance system performance. To accomplish this project, we will need the participants to complete this (BIS) electronic survey. Last year they only had a 27% completion rate which makes the data useless. She stated that she will be re-sending out the BIS assessment survey and would like to include everyone on this committee if they are willing to participate.

Ms. Palmer stated that this committee has been working on a trauma needs assessment tool for a little over a year. She felt that not only could this tool be used to determine if a new trauma center is needed but also to report the health of the trauma system to the RTAB. She asked the committee if they felt that was a fair way to use the tool.

Dr. Fildes stated that on an annual basis a summary would be an extremely useful and felt that the health of the trauma system speaks to the needs of the trauma system.

- 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 taskforce wishes to extend the length of a presentation, this may be done by the Chairman or the Community by majority vote.

Chairman Fildes asked if anyone wished to address the taskforce. Seeing no one, he closed the Public Comment portion of the meeting.

VI. **ADJOURNMENT**

As there was no further business on the agenda, Chairman Fildes adjourned the meeting at 3:36 p.m.