



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)
DIVISION OF COMMUNITY HEALTH
TRAUMA NEEDS ASSESSMENT TASKFORCE (TNAT)

February 8, 2018 - 2:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chairman, UMC	Sean Dort, MD, St. Rose Siena Hospital
Daniel Llamas, Sunrise Hospital	Kim Cerasoli, RN, UMC
Amy Doane, Vice Chair, Sunrise Hospital	Sajit Pullarkat, Centennial Hills Hospital
Stacy Johnson, RN, Mountain View Hospital	Scott Kerbs, MD, UMC (Alt.)
Deborah Kuhls, MD, UMC	Georgi Collins, HCA
Frank Simone, Paramedic, EMS Provider (Public)	Detannyia Towner, UMC (Alt.)
Stephanie Miller, RN, Southern Hills Hospital (Alt.)	Jason Driggars, Paramedic, EMS Provider (Private)

MEMBERS ABSENT

Chris Fisher, MD, Sunrise Hospital	Hilary Mauch, RN, Sunrise Hospital
Adam Rudd, Southern Hills Hospital	Shirley Breeden, Public Representative
Jennifer Renner, RN, HCA	Danita Cohen, UMC
Gail Yedinak, UMC	Kim Dokken, RN, St. Rose Siena
Kelly Taylor, LVMPDEHWT	

SNHD STAFF PRESENT

John Hammond, EMSTS Manager	Laura Palmer, EMSTS Supervisor
Michael Johnson, PhD, Dir. of Community Health	Christian Young, MD (via phone)
Rae Pettie, Recording Secretary	Heather Anderson-Fintak, Associate Attorney

PUBLIC ATTENDANCE

Lisa Rogge, 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 February 8, 2018. 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

taskforce 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: 10/18/2017

Chairman Fildes noted that a correction needed to be made to the minutes of the October 2017 meeting to reflect that “D” under Section 2 “Median Transport Times” should have been removed from the Trauma Needs Assessment Tool. It was meant to be a reference, or an attachment. Leaving the verbiage in the tool gives the impression there are four data elements instead of three, as delineated in the minutes. Ms. Palmer noted that the minutes reflect what was discussed at the previous meeting, which is appropriate. The taskforce can make any necessary revisions to the tool today.

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

Dr. Fildes suggested the taskforce reorder the discussion items on the agenda.

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

Ms. Palmer noted that new language, depicted in red on the handouts, was added in response to suggestions submitted to the OEMSTS. Dr. Fildes asked whether there was a desire to remove 2D from the NAT and adjust the weight as two of the three remaining items.

Member Cerasoli made a motion to accept the revisions made to 2B of the Trauma Needs Assessment Tool. The motion was seconded by member Pullarkat and carried unanimously.

Chairman Fildes made a motion to remove 2D from the Trauma Needs Assessment Tool, as it is to be used as a reference in the data dictionary. The motion was seconded by Amy Doane and carried unanimously.

Ms. Cerasoli stated she would like to adjust the weight as three of the three remaining items. Dr. Fildes related that in the past there were two viewpoints regarding weighting of the elements. The first is that an element could carry based upon simple majority. Dr. Fisher felt some of the elements are more important than others and should pass by two-thirds of those elements. Item 2, Median Transport Times, would include three elements, and two-thirds would require that two items were answered “yes.” Ms. Doane suggested they implement two-thirds to align with the rest of the processes. Dr. Fildes stated that in re-reading the minutes from the last six months, including the draft minutes and verbatim transcription from the last meeting, discussion on the elements has centered around the fact that Items 1 and 2 appear to be the most important and deserve the heaviest weight. Items 3 and 4 deserve intermediate weight. Items 5 and 6--6 is no longer weighted--were given the least weight. They could have Items 1 and 2 require a two-thirds majority; Items 3 and 4 require a simple majority; and Item 5 could be less than that.

Ms. Cerasoli stated 2A is somewhat arbitrary in that it’s not referring to patients at a particular step; it doesn’t lead to a conclusion. She added that if it’s going to be a more heavily weighted point, then it should require a “yes” for all three items. Dr. Fildes commented that a report given by staff at an earlier meeting reflected average transport times in the valley for trauma patients at 15.6 minutes. Discussion ensued that if they were to raise the standard, 15 minutes might be a reasonable number. Ms. Cerasoli

stated that the 15.6 average transport time assumes that we are not currently serving our population. Dr. Fildes replied that 15 minutes was discussed as being better than 15.6, and whether it is statistically significant or clinically relevant was not discussed. Ms. Doane added that the same could be said for other metrics. We all know that the Las Vegas valley population is increasing, but we're not going to rule that out just because we know it would be a "yes" answer.

Dr. Fildes pointed out that in 2006 and 2007 people said we were having an astronomical population explosion and we need to open new facilities of every type. In 2008 the economy dropped and about 30% of the population left Las Vegas. He cautioned them about assuming the population will continue to increase. Ms. Doane noted that they are setting the baseline criteria and it's meant to include broad criteria to guide discussion and recommendations at the Board of Health level; it's not meant to be the only determinant in making a final decision. More information will come into play as the applicant moves forward in the process. She suggested they leave 2A as written.

Dr. Dort noted that whichever way they decide, 2/3 or 3/3 elements, it may not completely blanket what they want to cover. He doesn't believe it will be cut and dry, but rather it will depend on the exact numbers they're looking at, and which 2/3 would be true.

Dr. Fildes stated his purpose as the chairman is to be fair to all involved stakeholders, and to have everyone's voice heard and reflected accurately in their deliberations and in the minutes. The NAT would fall into the district procedure for needs assessment and the tool will be used to determine whether an authorization will move forward and begin a new set of deliberations. He noted that the granularity of their discussion needs to be considered on multiple levels of evaluation that will take place after utilizing the tool. Dr. Fildes stated that if the taskforce is unable to clean up the inconsistencies and small problems at this meeting, his plan is to meet weekly until they complete the process.

Member Doane made a motion to assign a weight of two of the three elements to Section 2, Median Transport Times, of the Trauma Needs Assessment Tool. The motion was seconded by member Miller and carried by the taskforce.

Dr. Fildes stated there was discussion about switching the positions of Items 4 and 5 on the Trauma Needs Assessment Tool, but to maintain the current weighting. He stated that each section requires a minimum of one "yes" answer. Ms. Doane asked for further clarification of what would constitute a "yes" answer for Item 4. Ms. Palmer explained it refers to statistics related to record highs and lows and the facilities' capacity for trauma patients. The data goes back to 2010. Dr. Fildes stated there has been no discussion related to a specific percentage of increase or decrease. He pointed out that Item 4, as written, is for those applicants seeking designation upgrade, not initial authorization.

Dr. Dort made a motion to switch the position of Items 4 and 5 of the Trauma Needs Assessment Tool, and to keep the language and the weighting unchanged. The motion was seconded by member Doane and carried unanimously.

Member Llamas made a motion to update the data to include the current year. The motion was seconded by member Dort and carried unanimously.

Referencing Item 3, Ms. Doane noted that the taskforce never voted on adding payors of medical benefits as part of the community support section. She suggested they also include other health care related entities such as a professional society, social advocacy group or educational institution. Dr. Fildes commented that payors of medical benefits were included in the process as a community stakeholder.

Ms. Doane also suggested they separate out the private and public EMS agencies from the hospitals actively participating in the Southern Nevada Trauma System by removing the verbiage, "including but not limited to" in 3B, and to bullet point the remaining items. Dr. Fildes suggested they include five elements in both 3B and 3C so they can utilize the two-thirds approach. The taskforce discussed adding a rehabilitation or law enforcement element, but it was noted that those entities have traditionally opted not to weigh in on these types of issues. Mr. Driggers noted that they may want to consider restricting the EMS agencies to those that provide 911 service in the applicant's region.

Member Doane made a motion to revise 3B of the Trauma Needs Assessment Tool to list five metrics as follows: 1) Public EMS agencies; 2) Private EMS agencies; 3) A hospital currently participating in the trauma system; 4) A hospital not currently participating in the trauma system; and 5) a representative from other health care industry related institutions such as payors of medical benefits, educational institutions, health care social advocacy groups, etc. Three out of five of the metrics must be met to receive a “yes” with two out of three in Item 3 requiring a “yes” to carry. The motion was seconded by member Kuhls and carried unanimously.

Member Doane made a motion to revise 3C of the Trauma Needs Assessment Tool to read, “Community Support – Including but not limited to appropriate local or state government in the area of an applicant seeking to join the Southern Nevada trauma system.” The motion was seconded by member Llamas and carried unanimously.

Ms. Doane asked for clarification on the health district’s role in operationalizing the process. Dr. Fildes stated the procedure tool is clear. Section 1 delineates the activity being performed on an annual basis. Section 2 delineates the activity being performed if an application for authorization is submitted. Section 3 states the tool will be evaluated on an annual basis to ensure its relevancy in assessing the trauma system. Ms. Palmer stated feedback will be elicited from stakeholders as well.

Ms. Collins asked if there was a set time frame, such as a three- or five-year period, to compare statistics to determine change over time. The taskforce discussed that going back more than five years would call relevancy into place because of the recession. Ms. Collins asked if the taskforce considered visitor traffic as it relates to trauma center volume. Ms. Cerasoli stated that the number of visitors that end up in a trauma center was calculated to be less than one percent. Dr. Fildes agreed that the visitor contribution to day-to-day trauma is almost insignificant.

A. Review/Discuss Data Dictionary

A motion was made by Chairman Fildes to revise the definition on the District Procedure for Use of the Southern Nevada Trauma System Needs Assessment Tool to read, “Need assessment means the evaluation of the current level of performance of the Southern Nevada Trauma System to determine if trauma demands have exceeded system capacity. All data elements will be assessed for a five-year period where data is available.” The motion was seconded by member Pullarkat and carried unanimously.

B. Review/Discuss Data Dictionary

Dr. Fildes explained that intent statements were added to the data dictionary to describe each measurement in more detail. Ms. Doane suggested they revise the intent statement on page ten under Historical Southern Nevada Trauma Center Volume and Acuity by Center to read, “To demonstrate historic system high and low numbers.”

Dr. Fildes made a motion to revise the intent statement on page ten under Historical Southern Nevada Trauma Center Volume and Acuity by Center to read, “To demonstrate historic system high and low numbers where facilities were able to function.” The motion was seconded by member Llamas and carried unanimously. Dr. Fildes stated that in the future they will need to define the range, or operational characteristics required.

D. Discussion of Upcoming Meetings (3/20/2018)

The taskforce agreed to reconvene to review the finalized data dictionary at the earliest convenience Nevada Public Open Meeting Law will allow.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

- 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

Chairman Fildes made a motion to adjourn the meeting at 3:37 p.m. and reconvene at the first available date to review the finalized data dictionary. Member Doane seconded the motion and it carried unanimously.