MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)
DIVISION OF COMMUNITY HEALTH

TRAUMA NEEDS ASSESSMENT TASKFORCE (TNAT)
July 19, 2017 - 3:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chairman, UMC
Chris Fisher, MD, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena
Amy Doane, Vice Chair, Sunrise Hospital (via phone)
Stacy Johnson, RN, Mountain View Hospital
Shirley Breeden, Public Representative (via phone)
Kathy Millhiser, Southern Hills Hosp (Alt.)
Jason Driggars, Paramedic, EMS Provider (Private)
Scott Kerbs, UMC (Alt.)

Sean Dort, MD, St. Rose Siena Hospital
Alma Angeles, RN, Sunrise Hospital
Kim Cerasoli, RN, UMC
Sajit Pullarkat, Centennial Hills Hospital
Deborah Kuhls, MD, UMC
Kelly Taylor, LVMPDEHWT
Jennifer Renner, RN, HCA (via phone)
Daniel Llamas, Sunrise Hospital

MEMBERS ABSENT

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

Danita Cohen, UMC
Gail Yedinak, UMC

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Michael Johnson, PhD, Dir. of Community Health
Heather Anderson-Fintak, Associate Attorney
Judy Tabat, Recording Secretary

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Annette Bradley, Attorney

PUBLIC ATTENDANCE

Douglas Fraser, MD, UMC
Erica Nansen, UMC
Leonard Freehof, Spring Valley Hospital

Robert McClaren, UMC
Stephanie Lim, Spring Valley Hospital

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 July 19, 2017. Chairman John Fildes called the meeting to order at 3:30 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. <u>**PUBLIC COMMENT:**</u> 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. <u>**CONSENT AGENDA**</u>

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.

<u>Approve Minutes/Trauma Needs Assessment Taskforce Meeting: 06/20/2017</u>

<u>Chairman Fildes asked for a motion to approve the Consent Agenda.</u> *Motion made by Member Cerasoli, seconded by Member Driggars and carried unanimously.*

III. <u>**REPORT/DISCUSSION/POSSIBLE ACTION**</u>

A. <u>Review/Discuss Assigning Weights to the SNHD Trauma Needs Assessment Tool</u>
   a. <u>Population</u>
   b. <u>Median Transport Times</u>
   c. <u>Lead Agency/System Stakeholder/Community Support</u>
   d. <u>Severely Injured Patients (ISS>15) Discharged from Acute Care Facilities not Designated as a Trauma Center</u>
   e. <u>Trauma Centers Currently in the Las Vegas Valley</u>
   f. <u>Number of Severely Injured (ISS>15) Seen in the Trauma System Currently</u>

Dr. Fildes referred to the SNHD Trauma Needs Assessment tool in the meeting packet and asked Ms. Palmer to walk them through document.

Ms. Palmer stated that she assigned some rudimentary weights to each domain pointing out that it is incredibly basic and open for input, evaluation, and repair. She reviewed the SNHD Trauma Needs Assessment Tool with the taskforce and explained that she gave the overall system a total of 11 points breaking down each domain based on the level of importance she felt this taskforce determined.

Dr. Fildes thanked her and added that at the last meeting they started to decide which of the 6 domains were most important. Population rose to number 1 followed by transport times which he felt seemed appropriate. He added that the weighting system made some sense and probably needs additional work but noted it is a good first pass effort. He felt Item #3 Lead Agency/System Stakeholder/Community Support and #5 Trauma Centers currently in the Las Vegas valley should be in the next 2 positions moving #5 to #4. The final part of the discussion everybody recognized that the number of severely injured patients treated in non-trauma center hospitals was quite low based on all the reports that they received. The number of severely injured trauma patients seen in a trauma hospital was important for determining perhaps level IIs rising to Is but was not that important for determining whether a new level III would be needed.

Dr. Fisher agreed with the orders of importance adding that population and median transport times are the largest factors in making some of these decisions but stated that they need to be weighted appropriately.

Dr. Fildes stated that he would like to dissect Item #3 Lead Agency/System Stakeholder/Community Support. He questioned the definition of Community Support by asking if it was support of government or is it defined as community groups.

Dr. Fisher agreed adding that #3 is a tough one to quantify.

Dr. Fildes stated that they also talked about system stakeholders and it is clear that EMS has helped quite a bit by weighing in on a lot of the operational issues regarding transport over time, distance and geography. Issues like what are manmade barriers, natural barriers, and what barriers are caused simply by project neon is very important input and trying to find a weight or a definition for that has to be a priority. He stated that in previous discussions with regard to hospital applicants, they need to specify support from medical staff, nurses, and hospital administration on their application as key features to stakeholder support at the hospital level. He felt that lead agency support should be given a higher weight based on the fact they are given a legal obligation to fulfill. He added that community support should and must include some statement from the governmental agency that is going to bear some of the cost of operating this system. He summarized that he sees "A: Lead Agency Support having a bit more weight than "B" System Stakeholder Support having a bit more weight than "C" Community Support.

Ms. Cerasoli asked if all should be met to be able to move forward.

Dr. Fildes felt that at some level yes but you can have a system were local system stakeholders and local governmental entities give energetic enthusiastic support for a center which may not match the lead agencies finding for need.

Mr. Hammond added that it would also be in those instances where a particular facility resides in two different municipalities. He questioned if one takes precedence over the other because they might not get the county commission to endorse them but the city council will. He supported the detail in the community support section because the city council or county commission members are directly responsible for the district.

Dr. Fildes felt it would be useful to bring that same level of clarity to item "B" System Stakeholder Support. Mr. Hammond agreed.

Dr. Fisher stated that he wouldn't make it a prerequisite to provide those things because it would nullify all those institutions. He felt it still needs to be in a weighted system.

Ms. Cerasoli referred back to the population domain and questioned if those should have percentages attached or are they willing to take incremental growth or any growth at all.

Ms. Dokken felt the questions in population need to be more detailed and gave the example of "Is the Las Vegas valley population increasing" adding what equals increasing.

Mr. Hammond felt that the first 2 questions in the population domain were a good baseline for the 3rd question.

Ms. Taylor felt that that statement "is an area of Las Vegas valley demonstrating population growth" needs to be re-phrased. They are asking the facility if the area to which they want to serve is increasing not just is "any" area growing.

Ms. Palmer asked if Ms. Taylor had any suggestion on how to change it.

Ms. Taylor stated that when we have them define their service area the hospitals have their idea of an area or zip codes that they are going to serve so having their intent needs to be identified in their application process.

Ms. Cerasoli felt that would take them back to the discussion point of people choosing their own service area and questioned shouldn't need drive catchment.

Mr. Pullarkat explained that it is based upon the applicant, their detail review to show justification and to show that need as a part of the detail. He felt that is why they have population as the number one indicator. He added that it is up to the applicant to show demonstration of that growth whether it is TFTC level, population or actual population growth within the area.

Mr. Hammond stated that at the end of the day if the application is successful they won't determine their catchment areas.

Dr. Fildes stated that if this taskforce is comfortable with the county demographer supplying the data for item A and B and maybe C under population, he questioned who would supply item E and F. He added that having lived through projects like this many times, the conversation is moving towards a

much more detailed group of definitions that are organized into some algorithmic or some of analytic framework that is not going to provide us with a mathematical answer but it is going to allow us to get to the data that are used for business decision making.

Ms. Angeles felt that as they create the definitions, they should define the source of valid data from a reliable source that they would feel comfortable that based on what they are receiving they could move forward with a decision from that point.

Dr. Fisher agreed adding having set reference points would be helpful, maybe not just one but maybe one or two acceptable sources of data.

Dr. Fildes asked the taskforce if there was an appetite to write a data dictionary and process. He agreed that it is a significant amount of work to define data elements and where you get them and how they might be weighted and what order of importance they may fall.

Ms. Doane agreed adding that it would be important to define before an applicant would submit anything what acceptable for a data source for each point and then also insuring that they have equal access to all of the data as a non-trauma center.

Mr. Hammond stated that the data from the county demographer is public information but the non-trauma centers won't have access to de-identified aggregate data.

Ms. Doane questioned how do we get what is appropriate to them, how do they request it, how do they validate it all of those details.

Mr. Hammond stated that they request it through a public records request from the Health Districts website. That data would be HIPAA compliant and transmitted in a format they wish to receive the data.

Dr. Fildes asked the taskforce who would be interested in writing a data dictionary and a process.

Ms. Dokken felt the Office of EMS & Trauma System (OEMSTS) has to own it but volunteered to assist.

Mr. Hammond agreed and asked for help.

Dr. Fildes stated he would be happy to provide what he considers a Wikipedia overview how this might look and welcomed everyone else to do the same.

Ms. Johnson stated that going back to the population domain, questioned the outcome of the discussion for looking at the non-trauma centers volumes for step 3 and 4 TFTC patients.

Ms. Palmer stated she will look historically through the minutes and get back to her.

Dr. Fildes stated that he recalled the discussion and some of the fundamentals of it were that in a trauma system every hospital will see injured patients but not every hospital is a trauma center and that patients with low level injuries have traditionally been treated very well in emergency departments. He added that they don't need to recreate a new level of care for that if the old level of care is adequate.

Ms. Doane remarked that there would be a great likelihood that an applicant would include state data as an additive. She felt it would be a benefit to have the ability to standardize how it is considered.

Dr. Fildes expressed that fact that they have guidance on how to evolve the tool both through data dictionary and writing a process. That will become the work of the OEMSTS between now and the next meeting and any and all of us can be asked to assist in that matter or voluntarily send in texts that they can begin to block into this report.

B. <u>Next Meeting and Agenda Items (08/15/2017 2:30pm)</u>

Dr. Fildes informed the taskforce that the next meeting is scheduled for 8/15/2017 and asked everybody to check their calendars.

Ms. Palmer suggested moving the meeting since they will be discussing the data dictionary.

Dr. Fildes suggested moving it to September as long as this taskforce gets weekly updates on where the OEMSTS is with the process and to indicate who has been helping so it is all transparent.

The taskforce agreed.

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**

As there was no further business on the agenda, Chairman Fildes adjourned the meeting at 4:13 p.m.