



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
REGIONAL TRAUMA ADVISORY BOARD (RTAB)
January 17, 2018 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, Chair, St. Rose Siena Hospital	Douglas Fraser, MD, UMC (Alt.)
Chris Fisher, MD, Sunrise Hospital	Kim Royer, RN, Sunrise Hospital
Kim Cerasoli, RN, University Medical Center	Kim Dokken, RN, St. Rose Siena Hospital
Danita Cohen, Public Relations/Media	August Corrales, Paramedic, Private EMS Provider
Billy Meyer, RN, Rehabilitation Services	Kelly Taylor, Payers of Medical Benefits
Shirley Breeden, Public Representative (via phone)	Frank Simone, Paramedic, Public EMS Provider
Sajit Pullarkat, Administrator, Non-Trauma Hospital	Erin Breen, Legislative/Advocacy

MEMBERS ABSENT

Tressa Naik, MD, MAB Chairman	John Fildes, MD, UMC
Erica Nansen, Health Education & Injury Prevention	Jeff Ellis, System Financing/Funding

SNHD STAFF PRESENT

John Hammond, EMSTS Manager	Joseph P. Iser, MD, DrPH, MSc
Michael Johnson, PhD, Director of Community Health	Laura Palmer, EMSTS Supervisor
Gerry Julian, EMS Field Rep	Lei Zhang, Sr. Informatician
Judy Tabat, Recording Secretary	Heather Anderson-Fintak, Associate Attorney
Annette Bradley, Attorney	

PUBLIC ATTENDANCE

Stacy Johnson, MountainView Hospital	Amy Doane, Sunrise Hospital
Daniel Llamas, HCA	Larry Johnson, Community Ambulance
Stephanie Lim, Spring Valley Hospital	Tony Greenway, Valley Health System
Erin Klein, Centennial Hills Hospital	Jennifer Kocis, HCA
Georgi Collin, HCA	Kelly Stout, Bailey Kennedy
Hilary Mauch, Sunrise	Scott Kerbs, UMC
Dan McBride, Valley Health System	Lisa Rogge, UMC
Eric Ramos, HCA	

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 January 17, 2018. Chairman Dort called the meeting to order at 2:45 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 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: 10/18/2017

Chairman Dort asked for approval of the minutes from the October 18, 2017 meeting. A motion was made by Member Dokken, seconded by Member Taylor and passed unanimously to approve the minutes.

III. CHIEF HEALTH OFFICE REPORT

Dr. Iser reported that we are in the midst of a worse than usual influenza season. The District has had multiple interviews with the press on the importance of getting vaccinated. There have been ten deaths this year, compared to five deaths at the same time last year. In addition, 2½-3 times the number of cases have been diagnosed and confirmed in the hospital. He reminded everyone that it's not too late to get vaccinated as the influenza season has not yet peaked.

Dr. Iser also gave a brief update on West Nile Virus (WNV) throughout the state. He stated that the Health District puts a lot of resources into the vector control program. The surveillance was ramped up this past season particularly because we know we're at risk for *Aedes aegypti*, which was found throughout the summer months and mostly likely now a permanent resident in Southern Nevada. There was no Zika relayed by any of the mosquitos, but there were a few cases of WNV. There were three cases in 2017, two of which were neuroinvasive. However, there may be as many as ten times the number of cases that have gone undiagnosed because it's a virus that often shows up with no symptoms. Washoe County had approximately 52 cases of WNV; Carson City and its surrounding counties had a similar number of cases due to the very wet season in Northern Nevada. His recollection is that many of those cases were neuroinvasive.

Dr. Iser related that when he was the Health Officer in Washoe County, the Board of Health wanted funding for vector control. He argued that if a county the size of Washoe has two cases of neuroinvasive WNV it costs the Health District nothing; however, it will cost the community with issues related to a family member being sick; there is a human cost to these diseases. The Health District is working to obtain a permanent funding mechanism for vector control, but if this is a lighter than average season for rain and snowfall up north, he fears the interest will wane. He urged the Board to work with the Health District, along with the Clark County Medical Society, to find a permanent funding mechanism for vector control throughout the state.

Dr. Iser shared that for the past couple of years he has been trying to convince the Board of Health to allow the Health District to become a Federally Qualified Health Center (FQHC). There is an abundance of Medicaid eligible people who have inadequate access to providers who accept Medicaid. The utilization of HRSA (Health Resources & Administration) monies would help the Health District to become an FQHC, which is important to the overall health of the valley.

The District has also been working for the past two years on developing a preventive medicine residency. They are currently in the process of applying for a grant from HRSA, as well as accreditation for the residency program.

In closing, Dr. Iser noted there is increasing concern that if there is a pandemic, people from the surrounding counties with no good access to care of any sort will come to Clark County. Although we would be happy to provide any care we can, he would like to help to upgrade the surrounding counties' ability to care for their own community. There are only three local health authorities in Nevada that support a total of 17 counties: Southern Nevada, Carson City, and Washoe. None of the other counties have an active health officer. Although they may have a named health officer, there is no working department of health. He has been working with Dr. John Packham, Associate Dean for the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine, to provide information and encouragement on how to become a health department. Dr. Iser apprised the Board about the District's mobile health services van. He has met with Nye, Lincoln, and Esmeralda counties to discuss taking the mobile services van there. Immunizations and oral health services will be available as those counties don't have fluoridated water. They need to develop a better needs assessment to assist the residents to improve health not just here in Clark County, but in the surrounding counties of Nevada. He noted that if there are significant changes to the Affordable Care Act not only will our hospitals be impacted but many rural hospitals throughout the state and the nation will likely be terribly impacted, and many may close.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Election of Chair and Vice-Chair of Regional Trauma Advisory Board

Laura Palmer stated there were two nominations for Dr. Fildes for the position of Chair; and one nomination for Dr. Dort for Vice Chair. Dr. Fraser read a statement written by Dr. Fildes which read as follows: "To the members of the RTAB, I'm honored to be nominated for the position of Chair of the RTAB. Over the past few years I've chaired the Trauma Needs Assessment Taskforce and completed a collaborative process to develop policies and procedures with the inclusion of new trauma centers in the Southern Nevada trauma system. I would like the opportunity to guide the RTAB in a similar, collaborative process so that we can officially complete the important work and move it forward for approval. I served as the first Chair of the RTAB, and am fully aware of all additional duties required. Today I'm asking for your support, and I am asking for your vote." The Board voted in favor of Dr. Fildes as Chair of the RTAB.

Dr. Dort asked if there were any other nominations for Vice Chair. Dr. Dort stated he will drop his name from the nomination list. He appreciates the nomination for Vice Chair, but he served for four years as Chair of the RTAB, and is currently Chair of the TMAC (Trauma Medical Audit Committee). Dr. Fraser nominated Dr. Fisher for Vice Chair. The Board voted in favor of Dr. Fisher as Vice Chair of the RTAB.

B. Committee Report: Trauma Needs Assessment Taskforce (07/19/17; 09/19/17)

- Review/Discuss Solicited Comments Sent to the OEMSTS
- Review/Discuss Data Dictionary
- Review/Discuss Draft Needs Procedure
- Review/Discuss Assigning Weights to the SNHD Trauma Needs Assessment Tool

Dr. Dort stated he was notified there was a concern that the Trauma Needs Assessment Tool was not finalized. *A motion was made by member Cerasoli to reconvene the Trauma Needs Assessment Taskforce. The motion was seconded by member Corrales and passed unanimously.*

C. Review/Discuss Final Recommendations from the Trauma Needs Assessment Taskforce Related to the Development of Standardized Measures for Assessing the Needs of the Trauma System - Tabled

D. Trauma Field Triage Criteria Data Report

Ms. Palmer reported the following trauma registry data for 3rd Quarter of 2017:

Total Trauma Registry Patients = 2,097

July 2017 = 723

August 2017 = 679

Sept 2017 = 695

She stated that the number one mechanism for injury for patients was traffic accidents, followed by falls and traffic motorcyclists.

The number one mechanism of injury for death was gunshot wounds, followed by auto-pedestrian and falls.

Ms. Dokken commented that they probably need to study the deaths from the October 1 event to see if there were deaths that were anticipated or unanticipated with opportunity for improvement. Ms. Palmer noted that further discussion will take place at the April TMAC meeting.

Ms. Palmer reported the following trauma transport data for 3rd Quarter of 2017:

Total Trauma Transports = 2985 (2691 adult; 294 pediatric)

July 2017

- Total Transports = 911; (807 adult; 104 pediatric)
- UMC: 737; (640 adult; 97 pediatric)
- Sunrise: 137; (135 adult; 2 pediatric)
- St. Rose Siena: 37; (32 adult; 5 pediatric)
- Out of area transports: 5%

August 2017

- Total Transports = 988; (844 adult; 104 pediatric)
- UMC = 814; (725 adult; 89 pediatric)
- Sunrise = 117; (104 adult; 13 pediatric)
- St. Rose Siena = 57; (55 adult; 2 pediatric)
- Out of area transports: 5%

September 2017

- Total Transports = 931; (826 adult; 105 pediatric)
- UMC = 757; (657 adult; 100 pediatric)
- Sunrise = 121; (116 adult; 5 pediatric)
- St. Rose Siena = 53 adult
- Out of area transports 7%

At the request of the Board, Ms. Palmer agreed to research all out of area transports for the third quarter and report her findings at the next meeting.

2016-2017 TFTC Transport Data

System total: 10,100

St. Rose Siena: 699

Sunrise: 1,478

UMC: 7,923

Ms. Palmer noted that although December's data has not yet been reported, this is the busiest year we have on record.

Ms. Palmer reported the following Clark County trauma centers' disposition by category percentage totals for 3rd Quarter of 2017:

Physiological Step 1 patients: 2.9%
Anatomical Step 2 patients: 6.7%
Mechanism Step 3 patients: 43.1%
Special Considerations Step 4 patients: 47.3%

Breakdown of patients seen by each trauma center for the 3rd quarter:

St. Rose Siena: 1% of Step 2; 72% were Step 3; 27% were Step 4
Sunrise: 1.9% Step 1; 13.1% Step 2; 61.3% Step 3; 23.7 Step 4
UMC: 3.2% Step 1; 6% Step 2; 38.4% Step 3; 52.4 Step 4

TFTC Transports by Month

Ms. Palmer reported that, excluding December, there have been 10,203 transports for the year. Ms. Dokken asked whether UMC or Sunrise has a trauma team activation for geriatrics. Dr. Fisher replied that there is a geriatric policy in place and the trauma team does see ground level falls.

E. Nominations for Non-Standing RTAB Member Seats for Terms Expiring June 30, 2018

1. General Public
2. Health Education and Prevention Services
3. Legislative/Advocacy
4. Payers of Medical Benefits for Victims of Trauma
5. Public Relations/Media

Dr. Dort stated that five seats on the RTAB will be expiring at the end of June. He asked that anyone wishing to nominate an individual for any of the seats submit their nomination form to the Health District by March 18th so they can vote at the April meeting.

V. INFORMATIONAL ITEMS / DISCUSSION ONLY

A. Report from Public Provider of Advanced Emergency Care

Mr. Simone reported they held multi-agency MCI drills with an emphasis on patient tracking. The private agencies were also involved. Everyone is on the same page as it pertains to what system to utilize in relation to tracking patients from triage to treatment, and making sure everyone is accounted for. It was extremely successful.

B. Report from Private Provider of Advanced Emergency Care

Mr. Corrales stated that AMR, MedicWest and Community Ambulance also participated in the December MCI drills. The emphasis there was not only to implement a DMS tracking system, but also to include practice with level loading and hospital communications. He also reported everything went well, and he is looking forward to more drills to smooth out the processes should an MCI occur.

C. Report from General Public Representative

Ms. Breeden stated there were no items to report.

D. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there were no items to report.

E. Report from Rehabilitation Representative

Mr. Meyer stated that there were no items to report.

F. Report from Health Education & Injury Prevention Services Representative

No report.

G. Report from Legislative/Advocacy Representative

Ms. Breen reported that pedestrian fatalities out-numbered falls the past year with 78 in Clark County alone, and a total of 100 for the state of Nevada. She emphasized the importance of everyone getting involved; we have a huge problem with our roads. Overall, the fatalities were 24 lower than the previous year, which is good. She noted that they lost the primary seatbelt law at the 2017 stage legislature session, along with raising the age for booster seats. She indicated they lost those two issues because two individuals felt that racial profiling was going to be an issue. She stressed the need for people to become more involved in legislative issues.

Ms. Breen stated that Ignition Interlock goes into effect January 2019 once they've completed the rules and regulations. Another new law that went into effect is that if you're traveling at a speed less than the posted speed limit in the fast lane you can get a ticket. Conversely, if you're driving a moped, you are now required to be in the right lane, like the bicyclists. Mopeds are also only allowed 200 feet to merge over, which could result in problems with making a left-hand turn.

Ms. Breen suggested they schedule a committee meeting to develop some strategies for moving forward on how to approach the next legislative session. Dr. Iser asked if the group would consider involving the Clark County Medical Society, Nevada State Medical Association, and Nevada Public Health Association, along with the Health District's lobbyists. Ms. Dokken asked whether the Trauma System Advocacy Committee (TSAC) will need to be reconvene. Ms. Breen answered in the affirmative. Dr. Iser reported the Interim Health Committee met last week to develop an agenda for the coming year. He stated that Senator Pat Spearman is the Chair, and it may be helpful to put some of the RTAB's issues on the agenda. Ms. Palmer agreed to schedule a TSAC meeting prior to the next RTAB meeting.

H. Report from Public Relations/Media Representative

Ms. Cohen stated there were no items to report.

I. Report from Payer of Medical Benefits

Ms. Taylor stated there were no items to report.

J. Report from System Finance/Funding

No report given.

Dr. Iser thanked Dr. Dort for all the work he has done as Chair of the RTAB.

VI. 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.

VII. ADJOURNMENT

There being no further business to come before the Board, *Chairman Dort adjourned the meeting at 3:21 p.m.*