Minutes for Reference Only – Meeting was not Publicly Noticed

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

April 18, 2018 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, Chair, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital
Lisa Rogge, RN, University Medical Center (Alt.)
Danita Cohen, Public Relations/Media
Jeff Ellis, System Financing/Funding
Shirley Breeden, Public Representative
Sajit Pullarkat, Administrator, Non-Trauma Hospital
John Fildes, MD, UMC
Kim Royer, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena Hospital
August Corrales, Paramedic, Private EMS Provider
Kelly Taylor, Payers of Medical Benefits
Frank Simone, Paramedic, Public EMS Provider
Erin Breen, Legislative/Advocacy

MEMBERS ABSENT

Tressa Naik, MD, MAB Chairman
Erica Nansen, Health Education & Injury Prevention
Billy Meyer, RN, Rehabilitation Services
Kim Cerasoli, RN, University Medical Center

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Michael Johnson, PhD, Director of Community Health
Scott Wagner, EMS Field Rep
Annette Bradley, Attorney
Rae Pettie, Recording Secretary
Joseph P. Iser, MD, DrPH, MSc
Laura Palmer, EMSTS Supervisor
Lei Zhang, Sr. Informatician
Heather Anderson-Fintak, Associate Attorney
Jessica Johnson, Health Educator II

PUBLIC ATTENDANCE

Stacy Johnson, MountainView Hospital
Larry Johnson, Community Ambulance
Tony Greenway, Valley Health System
Georgi Collins, HCA
Kim Pietszak, Mike O'Callahan Mil. Medical Ctr.
Cameron MacAdam, UNLV
Jennifer Lopez, R&R Partners
Stephanie Lim, Spring Valley Hospital
Shane Splinter, Henderson Fire Department
Carl Bottorf, Flying ICU
Jennifer McDonnell, MountainView Hospital

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 April 18, 2018. Chairman 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

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 Fildes asked if anyone wished to address the Board 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 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: 01/17/2018

Chairman Fildes asked for approval of the minutes from the January 17, 2018 meeting. *A motion was made by Member Corrales, seconded by Member Fisher and passed unanimously to approve the minutes.*

III. CHIEF HEALTH OFFICE REPORT

No report.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center

Ms. Palmer reported that SNHD received an application from UMC for reauthorization as a Level I Trauma Center and Level II Pediatric Trauma Center. UMC has satisfied all requirements for reauthorization and is in good standing with SNHD.

A motion was made by Member Corrales to approve UMC's application for reauthorization as a Level I Trauma Center and Level II Pediatric Trauma Center. The motion was seconded by Member Fisher and passed unanimously.

B. Renewal of Authorization of St. Rose Siena Hospital as a Level III Trauma Center

Ms. Palmer reported that SNHD received an application from St. Rose Siena Hospital for reauthorization as a Level III Trauma Center. St Rose Siena Hospital has satisfied all requirements for reauthorization and is in good standing with SNHD.

A motion was made by Member Corrales to approve St. Rose Siena's application for reauthorization as a Level III Trauma Center. The motion was seconded by Member Fisher and passed unanimously.

C. Possible Development of an EMS Protocol for Tranexamic Acid (TXA)

Ms. Palmer stated there have been discussions about adding TXA to the paramedic formulary for the EMS system. She related that the trauma centers see a lot of out of state patients being transported by flight companies who use TXA. Ms. Palmer stated the OEMSTS is seeking feedback from the RTAB to see if they are in support of moving in that direction.

Dr. Fildes noted there have been published studies and peer review that show it's feasible to administer TXA. But it must be reconstituted; it has to be run, and it takes time. While the feasibility of administering the drug has been proven, there has been no proof in benefit of

accelerating the administration schedule, if the drug is administered in the first three hours. In a system that has primarily short transport times, there was discussion about the additional cost of training, supply and resupply, and task overloading.

Dr. Young stated the initial discussion arose in a Drug/Device/Protocol (DDP) meeting. The discussion was subsequently moved to the MAB consent agenda where it was formally sent to the DDP for further discussion. He noted the impetus came from concerned providers who related that some neighboring systems have TXA in their formulary. Around the country, TXA is primarily used by critical care transport and air medical crews. We have some long transports, mostly flights, but some ground, i.e. Mt. Charleston or Dumont Dunes. He stated that the flight crews have EMS RNs on board who may give TXA as part of their standardized operating protocols. There may be some variability in crews showing up to the Trauma Center with a presumably hemorrhagic event having received TXA. In response to a question about TXA and its indications, Dr. Young stated it's an inexpensive medication that is easy to administer. One single dose given over ten minutes. In an acute traumatic injury with a lot of bleeding, a lot of clots form in the body and it has the tendency to break down those clots over time. The downstream effect is you can have some assistance controlling hemorrhage that can't be controlled via another means, i.e. tourniquets or direct pressure. TXA is being used worldwide for post-partum hemorrhage. After giving birth, TXA is given so the patient doesn't develop consumptive or disseminated intravascular coagulopathies, and the like. Questions arose at the DDP meeting such as, "If we give this medication that can stop bleeding, are we going to promote blood clot formation down the road? Are we going to propose this medication for people that have DVT's while they're in the hospital?" TXA stops the process of acute trauma associated fibrinolysis.

Dr. Fildes noted TXA is supposed to delay the breakdown of the clots that form, but its administration has a window of about three hours. All the Trauma Centers have protocols in place to administer it upon arrival for massive transfusion. If you look at the overall number of patients in the system, then the subset of those patients that are being treated for massive transfusion, which is very small, and then those patients that are being transported over long distances, which is even smaller, the likelihood of TXA ever being used would be very small. If you're going to deploy this as a standing medical order you would need to equip and train every ambulance crew. Ms. Dokken noted there's a bolus and a drip. Dr. Young commented it would just be the bolus in the prehospital setting.

Dr. Fisher felt that TXA is where it needs to be. It is being used at the trauma centers associated with massive transfusion, and it is available for helicopter transports and fixed wing flights. He added that as far as city wide EMS transport, he felt the risk vs. benefit ratio will unfortunately slide to the unfavorable portion of the scale in those patients where, not only the training, the administration and the stocking of TXA, but having the providers try to judge what is massive transfusion in the field or massive hemorrhage in the field vs. in the bays.

Dr. Young noted that he will bring back the Boards decision to the DDP.

D. <u>Discussion of Medical Advisory Board Recommended Changes to Step IV of the TFTC Protocol</u>

Ms. Palmer stated that this agenda item is also tied into the request from RTAB to review the out of area (OOA) transports for 3rd quarter 2017.

She reported that with the re-education of a small portion of new employees, there was a lot of confusion about Step 4 of the TFTC protocol. The way they were reading Step 4 was that it was an option; that they didn't have to take these people to trauma centers because of the word "consider" which led to a high percentage of OOA transports.

She added that during their protocol review at the DDP meeting there were suggestions made to change Step 4 for clarity for our providers. She referred to the draft Trauma Field Triage Criteria protocol with the proposed changes. The first suggestion was to change the wording

to read, "Step 4-Assess special patients" and remove the verbiage "or system considerations." The second suggestion was to add verbiage at the end of the Step 4 to read, "The patient must be transported to a Level I, II or III Center for the Treatment of Trauma in accordance with the catchment area designated. For patients who are injured outside of a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility." That verbiage is the same verbiage that is under Step 3 patients currently. She noted that any changes to the TFTC protocol must be brought before RTAB to be approved.

Dr. Fildes stated that this differs from the CDC recommended TFTC that were published in the MMWR in January 2011 where they say "consider" transports as Step 4s. In our own trauma system, some time ago, it was decided to transport Step 4s to trauma centers and they knew when they did that that it was going to create a significant over-triage. He added that is in some measure reflected in the fact that 2/3s of patients brought to trauma centers are discharged on the same day they arrive. We initially accepted the TFTC as published, and then started to focus on the special populations represented in Step 4, and the decision was made to add that as criteria for transport to trauma centers.

Dr. Fisher stated that the rare instance where "consideration" would be valuable for example is during a mass casualty incident a 65-year-old female with a ground level fall could go to a local hospital with that kind of mechanism. He added while rare, that language might have some value to remain.

Dr. Fildes stated that the MMWR consistently and repeatedly states that the TFTC not to be used in a disaster. He agreed that getting the right patient to the right place and the right time is a more critical issue. At some point when the system can, they should critically look at patients who are delivered under Step 4 and try to determine the appropriateness of those transports.

Dr. Fildes asked for a motion to accept the changes made to the Trauma Field Triage Criteria Protocol. *Motion made by Member Dokken, seconded by Member Fisher and passed unanimously.*

E. Committee Report: Trauma System Advocacy Committee (TSAC) (2/13/2018)

Ms. Breen reported that the TSAC has been dormant since the last legislative session. They have reestablished the TSAC and are still taking nominations for membership. They did discuss legislative efforts, past and potential for the 2019 legislative session. The next TSAC meeting will be held on May 15, 2018 and will have more information at the next RTAB meeting.

F. Committee Report: Southern Nevada Injury Prevention Partnership (SNIPP)

Mr. Corrales reported that with the help of the Health District they could obtain quorum on 1/22/2018 where they were able to elect him as a Vice Chair and Jessica Johnson as the Chair of the SNIPP. He then turned the meeting over to Jessica Johnson.

Ms. Johnson introduced herself as an SNHD employee. She explained that they did have a quorum but were unable to move on any decisions because the meeting was not properly noticed. The Committee proceeded with presentations on trauma and falls, youth suicidality, opioids, drowning and general falls as well from UMC, Clark County School District, and AMR/MedicWest. She added that their partnership is working to gather data and initiatives around injury prevention and education and their goal is to prioritize those and prepare them for the RTABs review to create a strategic plan and identify gaps.

Dr. Fildes stated that the next item on the agenda states they will be discussing the goals and objectives for SNIPP and asked if she had any guidance for them.

Ms. Johnson stated that the SNIPP did have additional reports that they were hoping to review from a data perspective and will prepare those for the following RTAB in July for review.

Dr. Fildes stated that SNIPP has been very useful over the years bringing together all the injury prevention efforts of all different types across the county. They really do synergize one another and this group certainly supports all your efforts and looks forward to your next group work.

G. Discussion of Goals and Objectives of the Southern Nevada Injury Prevention Partnership

Tabled

H. Committee Report: Trauma Needs Assessment Taskforce (02/08/17)

Dr. Fildes stated that for more than a year a very hard-working group of individuals spent a lot of time to define a method and measures to assess need within the trauma system. He advised that the work is completed and referred to the three documents in their packets that includes the Data Dictionary, Needs Assessment Tool, and the Trauma Needs Assessment for the Boards consideration.

Chairman Fildes asked for a motion to approve the Data Dictionary, Needs Assessment Tool, and the Trauma Needs Assessment documents. *Motion made by Member Taylor, seconded by Member Corrales and carried unanimously.*

Dr. Fildes added that he will discuss with staff reviewing the Trauma System Plan and Trauma System Regulations as agenda items to find a landing point for these in those documents.

I. 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

Dr. Fildes noted that when they do the review of the Trauma System Plan and Trauma Regulations they will find some gaps in the on-boarding of centers. At this time there is a process for an applicant and there is a process for need to be assed for the applicant. They need to make sure that the additional steps are clearly articulated in the plan which will be part of the future work of the RTAB going forward. He stated that it is his intention to make that work as efficient as possible and try to finish it in a quick time span as is reasonable.

J. Committee Report: RTAB Member Nominating Committee

Dr. Dort started off by stating they never had this many people apply for membership which he felt was encouraging. He added that this is a two-year term that the ten non-standing members serve, so we do five and then five the next year. The five for this year are listed on the agenda.

General Public – Carl Bottorf
Health Education & Prevention Services – Cassandra Trummel
Legislative Advocacy – Erin Breen
Payers of Medical Benefits – Kelly Taylor
Public Relations/Media – Danita Cohen

Dr. Fildes requested that as a point of order, they need to be taken individually.

Member Corrales made a motion to recommend Carl Bottorf as the General Public Representative for the Regional Trauma Advisory Board. Seconded by Member Dokken and carried unanimously.

Member Taylor made a motion to recommend Cassandra Trummel as the Health Education & Prevention Services Representative for the Regional Trauma Advisory Board. Seconded by Member Breen and carried unanimously.

Member Taylor made a motion to recommend Erin Breen as the Legislative/Advocacy Representative for the Regional Trauma Advisory Board. Seconded by Member Corrales and carried unanimously.

Member Corrales made a motion to recommend Kelly Taylor as the Payers of Medical Benefits Representative for the Regional Trauma Advisory Board. Seconded by Member Breen and carried unanimously.

A motion was made to recommend Danita Cohen as the Public Relations/Media Representative for the Regional Trauma Advisory Board. Seconded by Member Breen and carried unanimously.

K. Trauma Field Triage Criteria Data Report

Ms. Palmer reported the following trauma transport data for 4th Quarter of 2017:

Total Trauma Transports = 2752 (2473 adult; 279 pediatric)

Overall out of area for 4th quarter was 7% which does not include October 1st data.

October 2017

- Total Transports = 993; (872 adult; 121 pediatric)
- UMC: 774; (668 adult; 106 pediatric)
- Sunrise: 145; (131 adult; 14 pediatric)
- St. Rose Siena: 74; (73 adult; 1 pediatric)
- Out of area transports: 7%

November 2017

- Total Transports = 903; (814 adult; 89 pediatric)
- UMC = 702; (621 adult; 81 pediatric)
- Sunrise = 130; (124 adult; 6 pediatric)
- St. Rose Siena = 71; (69 adult; 2 pediatric)
- Out of area transports: 6%

December 2017

- Total Transports = 856; (787 adult; 69 pediatric)
- UMC = 670; (604 adult; 66 pediatric)
- Sunrise = 135; (134 adult; 1 pediatric)
- St. Rose Siena = 51; (49 adult; 2 pediatric)
- Out of area transports 6%

Ms. Palmer reported that the TFTC Transports by Month report show that they closed the year at 11, 060 patients for 2017.

Dr. Fildes declared that was a significant jump up from 6,770 of the previous year. He asked the Board their thoughts on what might be responsible for that jump.

Ms. Palmer felt that step IV patients make up 30 to 50% of all TFTC transports.

Dr. Fildes commented that the percent of the patients discharged home the same day has also been creeping up adding that it is nearly at two-thirds.

Ms. Palmer reported the 2017 TFTC Transport Data which is broken down by month for each center.

System Total: 11,060
St. Rose Siena: 683
Sunrise: 1,545
UMC: 8,832

Ms. Palmer reported the following Clark County trauma centers' disposition by category percentage totals for 4th Quarter of 2017:

Breakdown of patients seen by each trauma center for the 4th quarter:

St. Rose Siena: 1% Step 1; 5% of Step 2; 58% were Step 3; 36% were Step 4
Sunrise: 6% Step 1; 16% Step 2; 54% Step 3; 47 Step 4

UMC: 3% Step 1; 8% Step 2; 42% Step 3; 47 Step 4

Dr. Fildes stated that this report is a hard report to follow and questioned if they could try to find a PowerPoint templated to show the audience the RTAB data. Ms. Palmer agreed to do that.

L. Review/Discuss Out of Area Trauma Transports for 3rd Quarter 2017

Ms. Palmer reported that they were at 7% out of area (OOA) for 3rd Quarter 2017. She contacted the provider agencies for them to review each call and the consensus was either a small portion of new employees needed to be re-educated and they took care of that on an individual basis and there was confusion with the wording in Step 4 of the Trauma Field Triage Criteria protocol. She explained that the providers thought it was an optional step so the agencies are now doing education on that as well. Another reason is the changing traffic flows so instead of catchment areas, they are going closest by time.

Dr. Fildes agreed and stated that on an operations level it would appear to be the correct thing to do until some of these construction delays are resolved.

Ms. Taylor questioned if special consideration may be agreed upon that the consideration may be the nearest hospital based on traffic flow, construction, mass casualties, and redirection if that should be put in the Trauma System Plan that was previously discussed.

Ms. Palmer stated that they have a percent of OOA that is allowed. RTAB has set that percentage at 5% to be acceptable and anytime it is over 5% it needs to be reviewed.

Dr. Fildes advised that the recommendation from the CDC states this report is intended to help prehospital care providers and their daily duties recognizing individual injured patients that are most likely to benefit from specialized trauma center resources. But it is not intended as a triage tool to be used in situations following mass casualties and disaster. He added that they have a different triage and ticketing system for that.

V. INFORMATIONAL ITEMS / DISCUSSION ONLY

A. Report from Public Provider of Advanced Emergency Care

Mr. Simone stated there were no items to report.

B. Report from Private Provider of Advanced Emergency Care

Mr. Corrales reported that they have been working with several municipal agencies to coordinate communication to smooth out the processes should an MCI occur.

C. Report from General Public Representative

Ms. Breeden stated there were no items to report. She thanked the RTAB for the opportunity to sit on this Board.

D. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there were no items to report.

E. Report from Rehabilitation Representative

No report.

F. Report from Health Education & Injury Prevention Services Representative

No report.

G. Report from Legislative/Advocacy Representative

Ms. Breen asked the Board if they would support the TSAC to commit to following CDC recommendations by seeking legislation to reduce all forms of injury, including firearm related injuries.

Dr. Fisher suggested that they focus on injury prevention and would not like to see the health boards go into establishing law or particularly charged areas.

Dr. Fildes advised the Board that Dr. Deborah Kuhls is still a member of the ACS Committee on Trauma and serves as their injury prevention taskforce chair. He suggested engaging her in this conversation. Some of the important lessons learned from that conversation is that the word "gun" not be used, but "firearm." And "injury" be replaced with "safety." And the ACS has been able to discuss firearm safety with the NRA and they agree that safe storage and trigger locks and training are essential steps to ownership. At least having a platform for common discussion allows a larger discussion to take place.

Dr. Fisher agreed with considering firearm safety and preventable deaths.

Dr. Fildes asked that staff place that as an agenda item for the next meeting and invite Dr. Kuhls to make a presentation. Ms. Palmer questioned if she should present at TSAC or RTAB.

Dr. Fildes proposed she present at both. Her discussion at TSAC can be in greater depth and just an overview at RTAB.

Ms. Breen reported that there is the possibility that we are pursuing because we have not been successful at the legislature. We are pursuing a pilot project within one of the entities in Southern NV to pass a primary seatbelt law within their jurisdiction to study the effects and the outcome so when that time comes I think it is something that we would ask this board to speak up and support.

Dr. Fildes stated that he looks forward to that discussion.

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

Mr. Ellis stated there were no items to report.

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 Fildes asked if anyone wished to address the Board.

Jennifer McDonnell, VP of Marketing & Communications for MountainView Hospital advised the Board that she had two comments. First was that MountainView Hospital, in partnership with Jaguar / Land Rover Las Vegas, Clark County School District Police, will be hosting their annual bike rodeo on May 19, 2018 from 10am to 1pm. For her second comment she congratulated all the new committee members but felt that for transparency, in the future those meeting should be listed for public review. Dr. Fildes stated that the RTAB Member Nominating Committee was an open meeting and publicly noticed.

Dr. Fildes asked if anyone else 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 Fildes adjourned the meeting at 3:26 p.m.*