

# MINUTES **EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM DIVISION OF COMMUNITY HEALTH REGIONAL TRAUMA ADVISORY BOARD** April 19, 2017 - 2:30 P.M.

#### **MEMBERS PRESENT**

Sean Dort, MD, Chair, St. Rose Siena Hospital Kim Cerasoli, RN, University Medical Center Erin Breen, Legislative/Advocacy Amy Doane, System Finance/Funding (via phone) Shirley Breeden, Public Representative (via phone) Jason Driggars, Paramedic, Private EMS Provider Sajit Pullarkat, Administrator, Non Trauma Hospital John Fildes, MD, UMC Kim Dokken, RN, St. Rose Siena Hosp (via phone) Daniel Llamas, Sunrise Hospital (Alt.) Kelly Taylor, Payers of Medical Benefits Danita Cohen, Public Relations/Media Frank Simone, Paramedic, Public EMS Provider

#### **MEMBERS ABSENT**

Alma Angeles, RN, Sunrise Hospital	Tressa Naik, MD, MAB Chairman
Chris Fisher, MD, Sunrise Hospital	Margaret Russitano, RN, Rehab Services

#### SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director Michael Johnson, PhD, Director of Community Health Michelle Stanton, Recording Secretary

Laura Palmer, EMSTS Supervisor

#### **PUBLIC ATTENDANCE**

Karen Port, Mountain View Hospital

Stacy Johnson, Mountain View 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 19, 2017. Chairman Dort 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 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 portion of the meeting.

# II. <u>CONSENT AGENDA</u>

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.

A. <u>Approve Minutes/Regional Trauma Advisory Board Meeting: 01/18/2017</u>

Chairman Dort asked for approval of the minutes from the January 18, 2017 meeting. <u>A</u> motion was made by Member Fildes, seconded by Member Cohen and passed unanimously to approve the minutes.

B. Approve Trauma Needs Assessment Taskforce Bylaws (01/18/2017)

Ms. Palmer reported that a change was made to Article V; Section 4 striking the language that stated "Any alternate must be submitted to OEMSTS a minimum of 48 hours prior to scheduled taskforce meetings" and replaced with "All requests must be made in writing to the Health Officer".

Chairman Dort asked for approval of the Trauma Needs Assessment Taskforce Bylaws as written. <u>A motion was made by Member Fildes, seconded by Member Taylor and passed unanimously to approve the minutes.</u>

# III. CHIEF HEALTH OFFICE REPORT: Dr. Iser

No report given

## IV. <u>REPORT/DISCUSSION/POSSIBLE ACTION</u>

A. Committee Report: RTAB Member Nominating Committee

Discussion of RTAB Member Applications for Non-Standing RTAB Member Seat for Health Education and Injury Prevention Services

Dr. Dort reported that this committee met earlier where they reviewed the nominations for the non standing member seat for Health Education and Injury Prevention services. The name placed in nomination was Erica Nansen who is head of the volunteer and community relations at UMC.

- B. <u>Committee Report: Trauma Needs Assessment Taskforce (01/18/17; 02/21/17; 03/21/17)</u> 01/18/17
  - <u>Review of Trauma Needs Assessment Taskforce Bylaws</u>
  - <u>Review of Professional Assessments of Other Trauma Systems</u>
  - <u>Further Develop Standardized Measures for Assessing the Needs of the Trauma</u> <u>System</u>
  - <u>Update on SNHD Trauma Registry</u>

02/21/17

- <u>Review/Discuss Acceptable Criteria for "Population" Parameter</u>
- <u>Review/Discuss Acceptable Criteria for "Median Transport Times" Parameter</u>

### 03/21/17

• <u>Review/Discuss Disbanding the Work Subcommittee in Favor of having the TNAT</u> (as a whole) Formulate the Objective Criteria Necessary to Demonstrate the "Need" for Additional Trauma Services in Southern Nevada

- <u>Review/Discuss Presentation of Sample Level III Business Case Analysis</u>
- <u>Review/Discuss Domain (1) Population and Domain (2) Median Transport Times</u>
- <u>Review/Discuss Domain (3) Lead Agency/System Stakeholder/Community Support</u>

Dr. Fildes advised the Board to review the minutes and handouts for detailed discussions of the (3) meetings that were listed. The center of discussion is to create measures that would believe to be credible, useful and obtainable by the Health District to guide the RTAB to move forward with decision making for predicting the need for new trauma centers. He stated he would be willing to answer any questions in any of the areas that are listed.

C. <u>Review/Discuss Out of Area Trauma Transports for 2<sup>nd</sup> Quarter 2016</u>

Ms. Palmer advised the Board that the out-of-area (OOA) transports for 2<sup>nd</sup> quarter 2016 was 6%. She explained that when the OOAs are over 5%, the Board has required that additional research occur to find out the reason why the patient had been transported outside of the catchment area. Most of the EMS agencies were able to research these calls and submit the following results:

- Time of day and traffic flow
- Education on trauma catchment areas
- Hospital declaring internal disaster
- Patient request

Ms. Palmer stated that time of day and traffic were the biggest deciding factors for the OOA and felt with the US95 and I15 construction this might continue.

It was brought to the Quality Improvement (QI) Committee to make sure the agencies are reminding their crews of the trauma catchment areas.

- D. Nominations for Non-Standing RTAB Members Seats for Terms Expiring June 30, 2017
  - a. Administrator from a Non-Trauma Hospital System
  - b. Public EMS Transport Representative
  - c. Private EMS Transport Representative
  - d. Rehabilitation Representative
  - e. <u>Funding/Financing Representative</u>

Dr. Dort reported nominations for the non-standing RTAB member seats with terms expiring June 30, 2017 will need to be submitted by May 31, 2017 to allow sufficient time for the RTAB Nominating Committee to review the applications.

Ms. Palmer stated that the nominating form is in the Board's packet and that her office will also email out the nomination forms as well. She added that if you are currently serving in one of these seats and you would like to nominate yourself that is perfectly acceptable.

#### E. Trauma Field Triage Criteria Data Report

Ms. Palmer reported the following trauma data for the 4<sup>th</sup> quarter of 2016:

4<sup>th</sup> Quarter - Total Transports = 1792; (1714 adult; 78 pediatric)

October 2016

- Total Transports = 601; (585 adult; 16 pediatric)
- UMC = 400; (390 adult; 10 pediatric)
- Sunrise = 118; (115 adult; 3 pediatric)
- St. Rose Siena = 83; (80 adult; 3 pediatric)

November 2016

• Total Transports = 530; (506 adult; 24 pediatric)

- UMC = 355; (343 adult; 12 pediatric)
- Sunrise = 107; (98 adult; 9 pediatric)
- St. Rose Siena = 68; (65 adult; 3 pediatric)

December 2016

- Total Transports = 661; (623 adult; 38 pediatric)
- UMC = 482; (448 adult; 34 pediatric)
- Sunrise = 118; (115 adult; 3 pediatric)
- St. Rose Siena = 61; (60 adult; 1 pediatric)

 $4^{\text{th}}$  Quarter 2016 Total Out of Area Transports = 4%

Ms. Palmer noted that in 2016 there were 6,770 total trauma patients.

### V. INFORMATION ITEMS / DISCUSSION ONLY

- A. <u>Report from Public/Private Provider of Advanced Emergency Care</u> Mr. Simone stated there were no items to report.
- B. <u>Report from General Public Representative</u> No report given
- C. <u>Report from Non-Trauma Center Hospital Representative</u> Mr. Pullarkat stated there were no items to report.
- D. <u>Report from Rehabilitation Representative</u> No report given
- E. <u>Report from Health Education & Prevention Services Representative</u> No report given
- F. Report from Legislative/Advocacy Representative

Ms. Breen gave updates on the legislative session for the following:

- Trauma Registry Bill is in a senate concurrent resolution to study the effects and the needs of the trauma system for funding in the off session.
- SB426 requires drivers and passengers of mopeds and tri-mobiles to wear protective headgear passed the senate and will now go to the assembly.
- Primary seat belt failed.
- Increasing fines for driving with a cell phone in your hand failed.
- A bill to restrict all cell phone use, including hands-free devices for drivers less than 18 years of age failed.
- AB329 and AB334 with regard to slow driving introduced
- SB156 revises provisions relating to the transportation of children in motor vehicles passed out of senate transportation and was placed on general file.
- SB259 relating to motor vehicles; requiring certain persons to install an ignition interlock device following an offense involving driving under the influence passed as amended and placed in assembly.

Ms. Breen reported that that there have been some upgrades to the Vulnerable Road Users bill. She also advised that anyone in Clark County or Washoe County who mix, sell, or service alcohol in any manner for drinking on the premises and anyone who manages them must now take an alcohol services training course to recognize signs of intoxication to prevent alcohol-related incidents.

- G. <u>Report from Public Relations/Media Representative</u> Ms. Cohen stated there were no items to report.
- H. <u>Report from Payer of Medical Benefits</u> Ms. Taylor stated there were no items to report.
- I. <u>Report from System Finance/Funding</u> Ms. Doane stated there were no items to report.

# VI. <u>PUBLIC COMMENT</u>

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, <u>Chairman Dort adjourned the meeting</u> <u>at 2:55 p.m.</u>