



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)**

**REGIONAL TRAUMA ADVISORY BOARD**

**OCTOBER 17, 2012 - 2:30 P.M.**

**MEMBERS PRESENT**

Gregg Fusto, RN, Chairman, University Medical Ctr	Mary Ellen Britt, RN, Regional Trauma Coordinator
John Fildes, MD, University Medical Center	Chris Fisher, MD, Sunrise Hospital
Sean Dort, MD, St. Rose Siena Hospital	Karyn Doddy, MD, Rehabilitation Services Rep. (Alt.)
Melinda Case, RN, Sunrise Hospital	E.P. Homansky, MD (Alt.)
Eric Dievendorf, EMT-P, AMR-LV	Linda Kalekas, RN, Clark County School District
Leslie Johnstone, Health Services Coalition	Scott Vivier, EMT-P, Henderson Fire Department
Erin Breen, Transportation Research Center, UNLV	Jennifer McDonnell, St. Rose Siena Hospital
Sajit Pullarkat, Centennial Hills Hospital	

**MEMBERS ABSENT**

David Slattery, MD, MAB Chairman	Kim Dokken, RN, St. Rose Siena Hospital
Kelly Boyer, Public Representative	Linn Billingsley, Rehabilitation Services Rep.

**SNHD STAFF PRESENT**

Rory Chetelat, OEMSTS Manager	Mike Bernstein, SNHD – OCDPHP
John Hammond, OEMSTS Field Representative	Rae Pettie, OEMSTS Project Coordinator
Michelle Nath, Recording Secretary	

**PUBLIC ATTENDANCE**

Elizabeth Snavely, University Medical Center	Frank Simone, EMT-P, North Las Vegas Fire Dept.
Erin McMullen, Snell & Wilmer	Scott Morris, EMT-P, North Las Vegas Fire Dept.
Kendall Heath, Court Reporter	Abby Hudema, RN, UMC
Dorita Sondereker, RN, Mercy Air	

**CALL TO ORDER – NOTICE OF POSTING**

The Regional Trauma Advisory Board convened in the Southern Nevada Health District (SNHD) Ravenholt Public Health Center Human Resources Annex in Conference Room #2 on October 17, 2012. Chairman Gregg Fusto called the meeting to order at 2:35 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fusto 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 Fusto asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

## **II. CONSENT AGENDA**

Chairman Fusto stated the Consent Agenda consisted of matters to be considered by the Regional Trauma Advisory Board (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: 7/18/12

Chairman Fusto asked for approval of the minutes from the July 18, 2012 meeting. A motion was made by Dr. John Fildes, seconded by Dr. Chris Fisher, and passed unanimously to approve the minutes as written.

## **III. REPORT/DISCUSSION/POSSIBLE ACTION**

### A. Report from Trauma Rehabilitation Committee (TRC)

#### 1. Discussion of Rehabilitation Inpatient Data

Dr. Karyn Doddy stated that at its last meeting, the TRC discussed the logistics of the trauma centers working collaboratively with the acute rehabilitation facilities to gather patient outcome information on patients discharged from the three trauma centers. They are hoping to have a sample report prepared by the first quarter of next year.

Dr. Doddy reported that the TRC added a new member, Ms. Betsy Aiello, Deputy Administrator for the Division of Healthcare Funding and Policy. She will be a valuable resource during the discussions related to trauma patients who require rehabilitation services, but do not have a funding source.

#### 2. Discussion of Rehabilitation Resources

In an effort to solidify the lines of communication, Dr. Doddy and Linn Billingsley created a resource list of all Southern Nevada rehabilitation facilities to which the trauma centers currently transfer patients. The TRC agreed to expand the list to include all the trauma centers, as well as contact information, and position title. Dr. Doddy commented that the list is not meant to be exclusionary, and will be updated on an ongoing basis. The American College of Surgeons (ACS) trauma system consultation report included a recommendation to examine rehabilitation resources that are serving specialty populations, such children and patients with traumatic brain and spinal cord injuries. The resource list will help identify existing services and gaps in services in the community.

### B. Report from Trauma Procedure/Protocol Review Committee (TPPRC)

#### 1. Discussion of Draft General Trauma Treatment Protocol &

#### 3. Discussion of Draft Trauma Field Triage Criteria Protocol

Dr. Sean Dort referred the Board to the draft General Trauma Treatment and Trauma Field Triage Criteria (TFTC) protocols. He indicated both protocols had been thoroughly discussed by representatives from the trauma and EMS communities in the TPPRC with a recommendation that they be accepted. He noted the TFTC protocol had been amended to include the criteria listed in Step 4, to align with the new guidelines recommended by the ACS. Dr. Fildes commented that the January 2012 issue of the CDC's *Morbidity and Mortality Weekly Report* included an article that described the proceedings of a multi-disciplinary, evidence-based panel of almost 40 experts in prehospital emergency medicine, anesthesia and surgery who worked to create the latest version of the national field triage criteria. It was then endorsed by approximately 25 major medical organizations, including the ACS.

Dr. Dort reported that after a series of meetings, the two protocols were accepted by the members of the TPPRC and brought to the RTAB for endorsement prior to going to the Medical Advisory Board (MAB).

Dr. Fildes made a motion to accept the General Trauma Treatment and Trauma Field Triage Criteria protocols as written. The motion was seconded by Dr. Fisher and passed unanimously.

2. Discussion of Trauma Field Triage Criteria Catchment Areas

Dr. Dort stated that the TPPRC reevaluated some of the catchment areas that overlap between hospitals. Several presentations were made related to traffic flow and travel times. The decision was made to maintain the current boundaries, continue to closely monitor the areas in question, and get feedback from EMS regarding the areas.

C. Report from Southern Nevada Injury Prevention Partnership (SNIPP)

Linda Kalekas reported that Mike Bernstein reconvened the SNIPP partnership with approximately ten partners in attendance at the October 11<sup>th</sup> meeting. They reviewed the original six objectives as written in the RTAB bylaws. Ms. Kalekas presented a written proposal to the SNIPP partners which targeted possible overarching goals which may guide SNIPP in achieving each of the stated objectives in the bylaws. The proposal is currently being assessed by the partners. They reviewed the proposed goals for SNIPP Objective #1 which is to advise and assist the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma Plan. There was general agreement among the SNIPP partners to move forward on the following overarching goals:

1. To identify as many injury prevention stakeholders in Southern Nevada as possible;
2. To seek partnerships from the legal community and law enforcement;
3. To strengthen the support, commitment and actions of stakeholders through direct outreach and invitation to participate in SNIPP;
4. To champion legislative and law enforcement changes intended to reduce risk of injury and violence, and to do this in collaboration with Trauma Advocacy Committee objectives;
5. To improve community access and utilization of existing injury prevention programs;
6. To enhance funding resources for Injury Prevention Program development, as appropriate; and
7. To improve public relations efforts that may illuminate injury prevention efforts and opportunities for the community.

Mike Bernstein stated that in 2008, he, Ms. Britt and others conducted an assessment of local partners' injury and violence prevention activities. He is sending out a new assessment tool to the new committee members to update the current information and ultimately use the newly acquired data to help develop a SNHD Injury and Violence Prevention program model.

Ms. Kalekas reported there was also discussion about developing a website link for SNIPP that could be placed on the SNHD website that could provide injury prevention information and links to organizations in the community. They are working on formulating a master calendar for all community partners to post their events. Jeanne Cosgrove with SafeKids offered to provide Mr. Bernstein with a very comprehensive list of programs to get a data base started.

Chairman Fusto asked Ms. Britt if SNHD is required to report back to ACS about the committees that were formed as a result of their recommendations. Ms. Britt replied there is no requirement, but SNHD is planning to do a State of the System report at the January meeting. The ACS recommendations will be reviewed with a status report on each of the 12-month goals. The creation of the Trauma System Advocacy Committee and Trauma Rehabilitation Committee, and reconvening SNIPP were three things that have been accomplished this first year.

D. Discussion of Data Transfer Process to State Trauma Registry

Ms. Britt noted that the State Trauma Registry is a responsibility of the State Health Division. In 2007 they had an issue with the software they were using and they purchased a new software product. Since that time they have been unable to fully operationalize the system. This was a major

issue identified by the ACS trauma system consultation team in July 2011. At present, Nevada doesn't have a functioning State Trauma Registry. After the July 2011 ACS meeting, the State Health Division recognized that this was a problem and over the course of the past year there has been some progress. The Office of Emergency Medical Services and Trauma System was advised training related to the web-based trauma registry software has been conducted at the non-trauma hospitals, but they are still having difficulty with uploading data from the trauma centers. Ms. Britt stated that she is waiting for a status update.

Dr. Fildes asked for input from the Health District regarding the proposal that they acquire a piece of collector software that will allow the trauma centers to submit to both SNHD and to the Nevada State Health Division. Rory Chetelat replied that SNHD, along with many other government agencies, is being challenged on many fronts right now. Additionally, there has been a big turnover in key personnel. Dr. Coleman, one of SNHD's medical epidemiologists, was promoted to Director of Community Health. He stated that SNHD also lost its informatics scientist who would have been one of the people involved in data management. So, until these positions are filled SNHD will not have sufficient resources to do the data input and analysis. He added that taking care of these issues is on SNHD's priority list, but it's just a matter of timing and hiring the right personnel to fill some of the vacant positions.

Ms. Britt stated that although we don't have a functioning State Trauma Registry SNHD is continuing to collect the TFTC data on a monthly basis thanks to the trauma centers and EMS partners. She referred the Board to the handouts and summarized recent data contained within depicting volume, acuity and distribution of patients. She stated that the volume for the system as a whole has been fairly consistent over the last 12 months.

### **III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

#### **A. Report from Emergency Medical Services Representative**

Scott Vivier reported that the pharmaceutical shortages continue to be an issue for the EMS community. The Health District and EMS partners have made significant accomplishments through regulatory and policy changes. Alternative medications have been approved and new protocols have been developed. Although it may be a long-term problem, there are strategies in place to assist EMS.

Mr. Vivier related that the Health District surveyed EMS providers and the feedback they received was that they want their protocols to be more user-friendly. As a result, the Health District is in the process of a significant protocol revision. It will be a two-part format which will include an algorithmic piece, and educational pearls. The process will most likely continue through the next 12-14 months, and will give the EMS providers better direction, guidance, and an easier way to access information.

Mr. Vivier stated the Las Vegas Joint Counterterrorism Workshop, a 2-day tabletop exercise, was held on October 9-10. Over 250 community partners were involved in the exercise including local, state, federal, EMS, law enforcement, and fire agencies, in response to a complicated terrorist event in the valley. They identified many things that are being done correctly, as well as gaps in our system as a whole that need to be addressed. The event should generate significant discussion in the future as we look at EMS and hospital response to these types of events and MCI protocols and procedures. Mr. Vivier announced that on October 24<sup>th</sup> there will be a MCI exercise involving valley EMS agencies. It is the tri-annual FAA Disaster Drill held at McCarran Airport. They anticipate having 70-80 real and moulaged patients, and will be focusing primarily on EMS response to an aircraft emergency.

#### **B. Report from General Public Representative**

No items were reported.

#### **C. Report from Non-Trauma Center Hospital Representative**

Sajit Pullarkat stated there were no items to report.

D. Report from Payers of Medical Benefits Representative

Leslie Johnstone stated there were no items to report.

E. Report from Rehabilitation Representative

Dr. Dobby had nothing to add to the report given earlier for the Trauma Rehabilitation Committee.

F. Report from Health Education & Prevention Services Representative

Ms. Kalekas reported the Clark County School District is working on a collaborative project to train school nurses to a level where they can actually actively participate in a MCI event. There are approximately 200 school nurses spread out over almost 8,000 square miles. Ms. Britt asked if they were still planning to do strike team training. Ms. Kalekas responded that the issue is held up in compliance and monitoring and that the attorneys are reviewing the letters of agreement.

G. Report from Legislative/Advocacy Representative

Erin Breen announced that the first Trauma Advocacy Committee meeting is scheduled for October 24<sup>th</sup>. To date, there are eight people who have shown interest in serving on the subcommittee. They are looking forward to meeting monthly and moving forward on legislative efforts before the next legislative session begins. She stated that Senator Shirley Breeden will not be returning to the Nevada Legislature because of family obligations, but she is interested in participating in the Trauma Advocacy Committee.

Ms. Breen reported that the next Strategic Highway Safety Plan Conference is scheduled for November 7<sup>th</sup> and 8<sup>th</sup> at Texas Station. It is free of charge, and everyone is invited. More information can be found on the Zero Fatality and Nevada DOT websites. She stated there are five focus areas in the plan. There are going to be some non-traditional things happening, such as having employer groups making presentations in an effort to better educate their employees.

Dr. Fildes commented on the lack of funding to support the trauma system and SNHD, and the fact that although there are clear targets, there are no resources to exercise on those targets. He asked what the likelihood is that something could be brought forward in this upcoming legislative session. Ms. Breen noted that it's important that they not make it look like a tax. She stated that we could explore fees added to citations which is smart because you're penalizing the offenders, the people who are the most likely to either land in the emergency medical system themselves, or cause someone else to. There is a bill draft on pedestrian safety. They are seeking to enhance the penalty for overtaking a vehicle that is stopped at an intersection or mid-walk cross. But rather than asking for enhanced fines, they're asking for the driver to have to attend an education class. They can then charge a fee for the class and that money would go right back into pedestrian safety. She suggested they start with approaching Sheriff Gillespie to see if that approach is in direct competition with anything he's planning. Everyone is trying to figure out a way to fund something this session, but the reality is that we have to be able to show the benefit. Dr. Fildes asked, and Ms. Breen agreed to craft a list of next steps and enlist the help of interested citizens who sit on this Board. Ms. Britt noted it is a good idea to coordinate their efforts since they are all working toward the same endpoint to some extent.

Mr. Bernstein invited Ms. Breen to give legislative updates at the SNIPP meetings.

H. Report from Public Relations/Media Representative

Jennifer McDonnell stated that she sent an email to the Board members asking if they were interested in doing a press release about the new members on the Board. She encouraged the Board to respond and will wait another week to resubmit another email.

**IV. PUBLIC COMMENT**

None

**V. ADJOURNMENT**

As there was no further business on the agenda, Chairman Fusto called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:20 p.m.