MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

JANUARY 16, 2013 - 2:30 P.M.

MEMBERS PRESENT

Gregg Fusto, RN, Chairman, University Medical Ctr.
Sean Dort, MD, St. Rose Siena Hospital
Timothy Browder, MD, University Medical Ctr. (Alt.)
Eric Dievendorf, EMT-P, AMR-LV
Leslie Johnstone, Health Services Coalition
Linn Billingsley, Rehabilitation Services Rep.
Erin Breen, Transportation Research Center, UNLV
Mary Ellen Britt, RN, Regional Trauma Coordinator
Chris Fisher, MD, Sunrise Hospital
E.P. Homansky, MD, MAB Chairman
Linda Kalekas, RN, Clark County School District
Scott Vivier, EMT-P, Henderson Fire Department
Kelly Boyers, Public Representative

MEMBERS ABSENT

Kim Dokken, RN, St. Rose Siena Hospital
Kim Haley, St. Rose Siena Hospital
Sajit Pullarkat, Centennial Hills Hospital
Melinda Case, RN, Sunrise Hospital

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Elizabeth Snavely, University Medical Center
Melody Talbolt, RN, University Medical Center
Gerry Julian, EMT-P, Mercy Air
Karyn Doddy, MD
Kate Osti

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 January 16, 2013. Chairman Gregg Fusto called the meeting to order at 2:31 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: 10/17/12

Chairman Fusto asked for approval of the minutes from the October 17, 2012 meeting. *A motion was made by Erin Breen, seconded by Dr. Sean Dort, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from Trauma System Advocacy Committee (TSAC)

Erin Breen reported Senator Joyce Woodhouse submitted a bill draft request (BDR) in support of the trauma registry to the Legislative Counsel Bureau (LCB) in December 2012. The LCB will assign a number to the BDR after it has been formally reviewed and submitted. The process could take a few weeks, but they anticipate being assigned a number before the next session starts. She related that a placeholder for another BDR was submitted by Senator Shirley Breeden, the outgoing chair of the Senate Transportation Committee, but they may run into a roadblock since the bill is not directly related to transportation.

Ms. Breen noted that TSAC members recommended funding the bill through the Indigent Accident Fund (IAF) because the fund was originally established for health care purposes. The amount being requested to support the trauma registry is a minimal amount estimated at $260,000 and utilizing the IAF to support trauma services is more aligned with the fund's intent rather than the State's use of the revenues to fill budget gaps. Obtaining funding through the IAF would serve as an initial revenue source which could potentially lead to other avenues for securing additional resources to support trauma system needs going forward.

Another BDR in the works is the pedestrian safety bill. Ms. Breen reported that pedestrian fatalities in Clark County increased by 40% last year. Fatalities related to motor vehicle occupants in Clark County increased by 60% last year. The Senate Transportation Committee will be submitting the primary seat belt bill, which was previously on NDOT's docket and was pulled by the Governor. Also, there is a BDR to clean up the language for motorcycle use to make it more standardized and in line with the rest of the U.S. She remarked that on the flip side there is a perennial request to repeal the motorcycle helmet law. The person who submitted the bill is on the Senate Transportation Committee, which could be contentious. Ms. Breen stated she will keep everyone informed. She asked that they bring any trauma related bills (that aren't transportation related) to her or Mary Ellen Britt's attention so they can be tracked.

Ms. Britt related that the language for the trauma registry BDR was drafted to include accountability regarding how the monies are going to be spent. It also specifically states that the monies need to be used for its intended purpose, and cannot go into the general fund. She feels the support from the RTAB is very important, and that the Medical Advisory Board is willing to write a letter of support as well. A letter of support has already been written by the Nevada Medical Association because they recognize the importance of funding the trauma registry and getting it back up and operational. Ms. Britt asked whether anyone was aware of bill AB-53 that repeals the subcommittee on Traumatic Brain Injuries (TBI) and removes the redundant reporting requirements. The requestor is the Aging and Disability Services Division, Health and Human Services. Kate Osti stated that she is a member of that committee, which went from an advisory committee to a subcommittee for the Commission for Disability. She noted that prior to his leaving the Aging and Disability Services Division, Todd Butterworth proposed to the Governor that the subcommittee should be dissolved. It had not met for at least a year because it was in the process of being dissolved. It has to go back to the Legislature in order to be dissolved. In the meantime, she has been trying to generate interest

from the stakeholders for the TBI population to switch over to the Independent Living Advisory Board.

Mike Bernstein stated that bill AB-29 will allow for additional language to be added to the statute created by the Office of Suicide Prevention. The bill provides for the Director of Health and Human Services to appoint a committee to study suicide fatalities in the state. He noted that the Child Death Review Team looks at child suicides, but no one has been officially appointed to look at all suicides.

Ms. Breen concluded by reporting that the Trauma System Advocacy Committee met for the first time and approved their bylaws. She is the chair of the committee, and Dennis Nolan is the vice-chair. Next meeting they will be working towards defining their future goals and objectives.

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

Linda Kalekas reported that a small group of people met last week to continue their review of the original six objectives of the SNIPP as approved by the RTAB. They focused on the second purpose mandated by the RTAB, which is to address the full spectrum of injury prevention efforts that impact the trauma system. They looked at the injury areas that SNIPP will focus on, including both the intentional and unintentional injury types. The SNIPP partners have been asked to update a graphic organizer, which Mr. Bernstein provided everybody, and to assess the existing partners that are listed there by injury type they focus on, and to add any others that were not already on the radar. She stated that she and Mr. Bernstein will be reaching out to all potential new partners and invite them to get involved in SNIPP so they can get a better understanding of the committee. They talked about the CCSD School Community Partnership and the different programs they work with on behalf of the students and the school district staff. Other programs discussed included UNLV's Transportation Research Center, Safe Routes to Schools, Look Out, Kids About, and the Water Watcher Program. They spent time discussing the CCSD crisis response and student threat assessment department program called Signs of Suicide, which they rolled out this past year that screens entire school campuses. Now that these programs have been added to their radar, it will help to achieve the third purpose mandated by the RTAB, which is to develop a quantitative community health and injury assessment program, and to ensure that the program recommendations from SNIPP are evidence based and specific to identified needs for injury prevention in our community.

Ms. Kalekas stated that once SNIPP completes a thorough review of the current partnership members, and as additional interested or needed partners round out their group, Mr. Bernstein will distribute the community-wide assessment tool that was discussed at the last RTAB meeting. The purpose of the tool is to survey all the existing local injury and violence prevention programs, which should provide valuable data. Once the data are collected, the committee can begin to work on individualizing and maximizing their outreach in terms of the local prevention programs in Southern Nevada. Additionally, all of the SNIPP members were encouraged to send Mr. Bernstein any prevention program events that they have coming up on their individual calendars. They are looking for nationally recognized and evidence based state or local programs that they can market to the community through the SNHD website. She related that Mr. Bernstein has come up with a way to centralize that information. Mr. Bernstein explained that if you access the Clark County Get Healthy website, there's a category called "Be Safe" where all of the injury prevention efforts that come out of his office are listed. He stated that anyone who has an upcoming event can email the information to GetHealthy@snhdmail.org and the event will be listed on the SNHD website.

C. Status Report on Clark County Trauma System

Ms. Britt referred the Board to the short-term goals listed in the 2011 ACS Recommendations for the Clark County Trauma System. She stated that at the conclusion of the 2011 trauma system assessment, the ACS provided their recommendations. Last year the Board prioritized the recommendations and arrived at a list of goals they were going to try to accomplish in the first 12 months. Ms. Britt provided a basic overview of those goals to the Board. She reported that under "Injury Epidemiology" they were tasked with identifying a location on the SNHD website for the

development of injury reports. As Mr. Bernstein reported, that is up and running, and going forward they will create links to injury reports produced by other organizations.

Under "Statutory Authority and Administrative Rules," a recommendation was to make the RTAB membership more inclusive. The RTAB voted to expand its membership at the February 2012 meeting, and the regulations were revised to include three new seats: Legislative/Advocacy; Public Relations/Media; and Finance/Funding. The only vacant seat at this time is for Finance/Funding, and they will continue to seek nominations. The ACS also recommended that they add a trauma surgeon to the MAB. EMS Regulations were reviewed by the MAB in January, and they agreed to endorse that change. The EMS Regulations will be presented to the Board of Health on February 28th for final approval.

Under "System Leadership," a recommendation was made to develop a job description for a part-time trauma medical director. That has been done and was given to Dr. Coleman, the Director of Community Health at SNHD. It was also recommended that the existing committee structure be examined, which was done. In addition to the three new seats, four new committees were added to the RTAB: Trauma Procedure/Protocol Review; Trauma Rehabilitation; Trauma System Advocacy; and Trauma Research. Three of the committees have been created and have met. Although they recognize the importance of a Trauma Research Committee, they didn't want to spread themselves too thin. They will look to create that committee perhaps sometime this year. As far as the development of strategies to encourage input from other constituencies, they are fortunate to have representation from ACEP, ENA, Society Trauma Nurses, ACS, Trauma Center Association of America, NAEMT and Nevada EMSC already as members on the Board, or other committees. They are reaching out to the non-designated hospitals which are currently represented on the RTAB, TMAC, TPPRC and MAB. Rehabilitation services have representation both on RTAB and the Rehabilitation Committee. The TPPRC reached out to rural hospitals and rural EMS providers, the Nevada Disability Advocacy Law Center, and current/former legislators. She noted that if you read through the list of individuals they have tried to engage in the last year, they have really increased the group of stakeholders as recommended by the ACS.

Continuing under "System Leadership," is the recommendation to ensure that professional organizations are notified of the opportunity to nominate members when there are RTAB vacancies. She related that when they were seeking nominees for the RTAB last spring, they cast a very wide net to try to encourage involvement. They found new people and are excited to have those individuals as participants.

Ms. Britt noted that the Trauma System Plan has not been revised within the first 12 months, as recommended by ACS. However, the OEMSTS plans to conduct a BIS (Benchmarks, Indicators and Scoring) assessment of the trauma system before the trauma plan is reviewed and revised. This will lay a foundation for the revision of the trauma plan and the performance improvement plan, the regulations, and other documents that support the system.

Under "Financing," the ACS recommended they look at an equitable fee structure, and she noted that enabling language exists in the current Trauma Regulations. They will look at identifying additional funding sources in the next fiscal year.

Ms. Britt stated that Ms. Kalekas and Mr. Bernstein already reported on what SNIPP is working on as it relates to "Prevention and Outreach."

She noted that there is still work to be done under "Emergency Medical Services." One of the recommendations was to develop and implement a guideline for addressing concerns with, and providing positive feedback to prehospital care providers at the local level. To that end they have added a member of the TMAC to the EMS QI Directors Committee, and also added a member of the EMS QI Directors Committee to the TMAC to improve that communication. In addition, the quality improvement point of contact list for the hospitals and the EMS agencies was updated and distributed in February 2012. Unfortunately, there is still a lot of work to do in the area of data collection and analysis. The OEMSTS, trauma centers and EMS agencies have struggled with the development of an accurate and efficient mechanism for capturing the necessary data to conduct a

mode of transport analysis for trauma patients. The state trauma registry is still not operational, and currently, the OEMSTS does not have sufficient resources to perform a routine, in-depth analysis of the available data. The OEMSTS looks at the TFTC data on a monthly basis and it is reported to the RTAB on a quarterly basis. The trauma centers provide information on the disposition of those patients that arrive at their trauma centers from EMS. There is also the ability to map data. To date, only basic trauma patient volume data from the trauma centers has been mapped.

Under the "Rehabilitation" section, Ms. Britt reported that a rehabilitation representative now has the opportunity to provide a report at each of the RTAB meetings.

With regard to "Disaster Preparedness," the OEMSTS has a close working relationship with the SNHD Office of Public Health Preparedness, and is also working with the state and the school district on related issues. The EMResource is used to monitor daily activity within the system.

Under "Systemwide Evaluation and Quality Assurance," the recommendation was made to appoint a trauma liaison from the TMAC to the EMS Quality Improvement Committee and vice versa, so that issues related to each program are communicated and resolved. As previously stated, that has been accomplished.

Ms. Britt reported there is still much work to be done on "Trauma Management Information Systems." A plan is in place to review the Performance Improvement Plan following the BIS assessment. The OEMSTS is still seeking additional support from the SNHD Office of Epidemiology and others in the community to identify and access available data sources and generate reports for trauma system leadership, policy-makers, and the public. She added that Dr. Middaugh gave a report to the RTAB in January 2012 regarding future plans at the Health District and how data will be managed. SNHD is slowly moving through a reorganization process and there is hope there will be an injury epidemiologist available to assist with data analysis going forward.

Ms. Britt noted the RTAB and OEMSTS have also addressed some of the mid- and long-term goals. She concluded by saying it was a busy year and she anticipates another busy year ahead.

D. Discussion of HRSA Benchmarks, Indicators, and Scoring Trauma System Self-Assessment (BIS)

Ms. Britt remarked that the ACS also recommended they utilize the *Model Trauma System Planning and Evaluation* document as a framework for the revision of the trauma plan. It includes 113 elements to be examined. She recommended they form a small workgroup to look at the objectives and decide which would be most valuable to look at. Identifying the key indicators from the areas of assessment, policy development and assurance may help to conduct their assessment. Mr. Fusto agreed that if they send the information to all the stakeholders ahead of time, they can come prepared for discussion in a meeting lasting approximately four hours. Ms. Britt noted that the ACS asked that they be very inclusive in their list of invitees to participate in the process. She remarked that the trauma surgeons may have participated in a similar activity in this system or another. Mr. Fusto stated that if everyone comes prepared they can break out into sessions prior to the group discussion. Ms. Britt agreed that it's necessary to revisit the foundational documents that were put in place in 2005-2006. Using the national standard is probably the best way is to assess the system. There was some discussion of the logistics and timeline for bringing the workgroup together. They agreed to hold the assessment meeting in place of the April 17th RTAB meeting, pending the availability of a meeting room at the SNHD Valley View location. Ms. Britt agreed to create a small subcommittee for the purpose of planning the meeting. She noted that the ACS recommends they have a facilitator; someone outside of their system. There is no budget for the activity, so they will need a volunteer. If they can't find anyone, there is someone at the Health District who doesn't work for the OEMSTS that may be able to act as a facilitator.

E. Trauma Field Triage Criteria Data Report

Ms. Britt referred the Board to the August through November TFTC data. She noted that in November there was a significant dip in volume for all the trauma centers, and the system as a whole. The out-of-area transports have been between 3-4%, which is below the threshold previously set. Mr. Fusto noted that it will be interesting to see whether the volume will increase due to the new Step 4 triage criteria in the protocol manual that will be rolled out in February.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Scott Vivier reported that New Year's Eve was relatively uneventful. Henderson Fire Department is appreciative of how well everyone worked together. They are in the process of implementing all of the protocol updates by February 1st, including the TFTC destination criteria. He noted that medication shortages continue to be an issue for the EMS community. Some of the agencies will be implementing Ketamine shortly, which shouldn't impact the trauma system. Some of the contraindications to using Ketamine include patients with head injuries, hypertension, and acute coronary syndrome. They anticipate monitoring QI issues closely as a result of the changes. He concluded by saying they look forward to an exciting new year.

B. Report from General Public Representative

Kelly Boyers related that there will be an upcoming community event that may be an opportunity to bring consumers, payers, employee health and wellness, and others together to discuss safety issues.

C. Report from Non-Trauma Center Hospital Representative

Sajit Pullarkat did not attend the meeting.

D. Report from Payers of Medical Benefits Representative

Leslie Johnstone stated there were no items to report.

E. Report from Rehabilitation Representative

Linn Billingsley stated that the next Trauma Rehabilitation Committee is scheduled for February 14th and she will provide the Board with an update the next time they meet.

F. Report from Health Education & Prevention Services Representative

Ms. Kalekas reported on some of the things they are working on to build community partnerships in schools. A group that CCSD houses at Western High School has several programs for injury prevention and safety throughout the school district. The education and prevention services include the Signs of Suicide Group, which is an exemplary program. It is evidence based and begins with a 40-minute presentation to the students. Afterwards, the students are asked to complete a questionnaire. The questionnaire is reviewed to assess whether a student meets certain criteria for a moderate or possibly high risk for suicide, and if so, they pull the student from class later that day. The student is interviewed by two individuals: counselor, social worker, school nurse or psychologist. If they are deemed to be at a moderate, high or imminent risk they receive immediate intervention at that time. Ms. Kalekas stated that it has proven to be a very important program.

G. Report from Legislative/Advocacy Representative

Duly noted earlier in the meeting.

H. Report from Public Relations/Media Representative

Kim Haley did not attend the meeting.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Chairman Fusto called for a motion to adjourn. *A motion was made by Erin Breen, seconded by Dr. Chris Fisher, and passed unanimously to adjourn at 3:30 p.m.*