



**MINUTES**

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

**REGIONAL TRAUMA ADVISORY BOARD**

**OCTOBER 16, 2013 - 2:30 P.M.**

**MEMBERS PRESENT**

Melinda Case, RN, Chair, Sunrise Hospital  
Chris Fisher, MD, Sunrise Hospital  
Sean Dort, MD, St. Rose Siena Hospital  
Kim Dokken, RN, St. Rose Siena Hospital  
Eric Dievendorf, EMT-P, AMR-LV  
Kelly Boyers, Public Representative

Mary Ellen Britt, RN, Acting EMSTS Manager  
John Fildes, MD, University Medical Center  
Melody Talbott, RN, University Medical Center  
E.P. Homansky, MD, MAB Chairman  
Kathy Silver, Health Services Coalition  
Linda Kalekas, RN, Clark County School District

**MEMBERS ABSENT**

Erin Breen, Transportation Research Center, UNLV  
Scott Morris, EMT-I, North Las Vegas Fire Department  
Sajit Pullarkat, Centennial Hills Hospital

Margaret Russitano, RN, Sunrise Hospital  
Kim Haley, St. Rose Siena Hospital

**SNHD STAFF PRESENT**

John Hammond, EMS Field Representative  
Michelle Nath, Recording Secretary

Mike Bernstein, SNHD – OCDPHP

**PUBLIC ATTENDANCE**

Kerri Mossel, University Medical Center  
Ann Savin, Valley Health System

Gail Yedinak, University Medical Center

**CALL TO ORDER – NOTICE OF POSTING**

The Regional Trauma Advisory Board convened in the Southern Nevada Health District (SNHD) 330 S. Valley View Boulevard facility, Conference Room #2 on October 16, 2013. Chairwoman Melinda Case called the meeting to order at 2:38 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairwoman Case 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.

Chairwoman Case asked if anyone wished to address the Board. Seeing no one, she closed the Public Comment portion of the meeting.

## II. CONSENT AGENDA

Chairwoman Case 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: 7/17/13

Chairwoman Case asked for approval of the minutes from the July 17, 2013 meeting. *A motion was made by E.P. Homansky, seconded by Kim Dokken, and passed unanimously to approve the minutes as written.*

## III. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Committee Report: Trauma System Advocacy Committee 8/13/13

#### 1. Final Report on Senate Bill No. 205 to Support the Trauma System

Mary Ellen Britt stated that Erin Breen, Chair of the Trauma System Advocacy Committee, was not able to attend the RTAB meeting and asked that she give the report in her absence. Ms. Britt stated that SB205 was introduced during the last legislative session to secure sustainable funding for the state trauma registry, but did not pass. The committee will continue its efforts to formulate a concrete plan to support trauma system development. Part of the plan includes educating legislators and policymakers about the importance of a well-developed trauma system, with a fully operational trauma registry. Educational materials will be created to aid in the process. In addition, other ideas were explored to fund trauma system activities, including the possibility of creating a 501(c) (3) organization and researching the collection of a portion of fees for fines or traffic violations. They were advised during the legislative session that the Nevada Constitution actually limits their ability to use those monies to support the trauma system, so they will research the matter further to see whether or not they can pursue that as a possibility, and explore other means of funding as well. Ms. Britt noted the committee will also focus on increasing public awareness about the value of the trauma system.

#### 2. Discussion of Committee Short-Term, Mid-Term and Long-Term Goals

Ms. Britt noted that this agenda item was tabled.

### B. Committee Report: Trauma Procedure/Protocol Review Committee 9/11/13

#### 1. Discussion of 2013 Clark County Trauma System Self Assessment Report

#### 3. Discussion of Action Steps Related to Addressing the Clark County Trauma System Assessment

Dr. Dort indicated he would discuss items 1. and 3. together since they are related and then report on item 2. He reported that the 2013 Clark County Trauma System Self Assessment Report focused on the areas needing improvement. The committee discussed action steps related to addressing some of the needs they identified. They found that the lack of a dedicating funding stream for the development of the trauma system continues to be a challenge. The committee agreed it is important to inform policymakers and the public about the value of the trauma system in order to gain their support for future legislative efforts. Improving trauma data management is also a priority. He reiterated that SB205, which did not pass in the 2013 legislative session, would have created a sustainable trauma system fund to assist in re-establishing the state's trauma registry. In the absence of such funding, the committee is discussing other strategies to improve trauma data collection, analysis, and reporting. A recommendation was made for the RTAB to create a workgroup to review the Trauma System Plan. They discussed the need to consider revising the plan to reflect the changes in the system, and to address future trauma care needs in the community.

Dr. Fisher recalled at the last RTAB meeting they discussed looking at the data in quarterly

snapshots rather than for a 12-month period. This would decrease the amount of data they need to look at for purposes of comparison and also make it more manageable. Particularly, since this activity is basically unfunded.

Dr. Dort noted that the committee also discussed the possibility of identifying other fund raising sources other than the legislature. There is a certain value in marketing what the trauma system does, and to raise awareness of its importance to the community. The committee is looking at ways to create their own funding for something that desperately needs it.

Ms. Dokken stated SNHD agreed to facilitate a workgroup meeting to begin to review the Trauma Performance Improvement Plan and the Trauma System Plan.

Ms. Britt related the Trauma System Plan was originally written by the Abaris Group in the early stages of the development of the trauma system. That plan has not been revised since 2006. Portions of it were moved into regulations and procedures, but the plan itself has never been revised. There were plans to review and revise the plans, but the decision was made to complete a trauma system consultation and self-assessment first. Those activities have taken place and we have identified the strengths and weaknesses of the system. She commented the time has come to review the plan and identify whether or not all of the necessary components are there, and whether they need to be updated. The Board should focus on the processes that should be put in place with regard to the trauma needs in the community.

Dr. Dort stated there was a recommendation from the TPPRC for the RTAB to create a workgroup to examine the Trauma System Plan and identify changes and improvements that could be made. A survey was conducted with both hospital and EMS personnel which included questions related to knowledge of the central and peripheral components of our trauma system and awareness of our resources. It was surprising that many of the answers to these questions were, "We don't know." and "We're not aware that this exists." In reviewing those results in past meetings, the committee came to the conclusion that it may be better to start from scratch and create a workgroup to review the entire Trauma System Plan. Dr. Dort noted that when the initial plan was created the system was dealing with a different patient population, economy, and availability of funds.

*A motion was made by Dr. John Fildes, seconded by Dr. Sean Dort, and passed unanimously to form one revision workgroup to review both the Performance Improvement Plan and the Trauma System Plan, and report back to the RTAB.*

2. Discussion of 2011 American College of Surgeons Trauma System Consultation Priority Recommendations

Dr. Dort reported that five of the 15 priority recommendations have already been accomplished. The remaining 10 are still pending due to a lack of funding, or a lack of a functioning state trauma registry, or both.

C. Committee Report: Southern Nevada Injury Prevention Partnership

Linda Kalekas reported that the committee met on October 10<sup>th</sup>. It was a very productive, interesting, and energized meeting. They welcomed a new member, Shauna Davis, who is involved with the Children Advocacy Alliance (CAA), a 501(c) (3) that was started in 1976. Ms. Davis expressed interest in joining SNIPP because the CAA works to change systems that are in place that affect children in health, safety, and education readiness, particularly for school age children.

Ms. Kalekas stated that Andrea Swanson, a school nurse, just championed legislation related to sex trafficking of minors. In the past, children involved in sex trafficking were arrested for prostitution and treated by the law accordingly. The new legislation protects these children who end up becoming victims of violence and injury as a result of the sex trafficking industry and changes the way the court system handles these cases. CAA supported the legislation and has helped bring children from the court system back into the community so they can access services that are needed.

The Clark County School District (CCSD) is considering implementing a pilot program developed by UNLV to review how discipline and behavioral issues are addressed in the school setting. They

are exploring what can be done to preempt and prevent violence and injury to children by identifying and addressing risk factors in children before they have behavioral and/or disciplinary events.

In addition, Ms. Kalekas discussed changes that are being made to CCSD's Signs of Suicide (SOS) Program. The SOS Program was implemented by school counselors, psychologists, and nurses to identify students at risk of self injury. The program has now become a part of the CCSD curriculum where teachers are being trained to identify kids at risk of self harm. Mike Bernstein noted that he is involved in the "typical school" pilot screening project set up in Clark County and Washoe County. They are looking to develop a protocol to try to identify kids at risk so they can intervene before anything happens.

Ms. Kalekas stated that Mr. Bernstein spoke about developing injury and violence prevention fact sheets that include key talking points that could be utilized by anyone on the RTAB, or others who have the opportunity to be interviewed by the media. The fact sheets would be evidence based and focus on what we know about trauma in our community. The committee is looking at narrowing it down to ten major types of traumatic events that occur, and what can be done to prevent those injuries. The plan is to develop fact sheets for the top three to five mechanisms of injury and then highlight the services provided by community partners who are addressing each of these areas. Mr. Bernstein stated that he has been invited to join the National Association of County and City Health Officials' Injury and Violence Prevention group. Their first basic fact sheet titled, "Making the Case for Local Injury and Violence Prevention Programming" was created to elicit interest among the media and the public. SNIPP is hoping to develop a similar fact sheet.

Mr. Bernstein shared that he attended a recent meeting with representatives from several mental health facilities, CCSD, and Nevada PEP to discuss transitioning students who were in a mental health hospital back into the school system. They plan to create a system to provide these students with a support structure involving nurses and psychologists to assist in addressing their needs and preventing future problems.

Kelly Boyers inquired about the #1 leading cause of death in children. Mr. Bernstein responded it is suffocation due to co-sleeping, and the #2 leading cause is drowning, especially in children under the age of five, followed by motor vehicle accidents. Ms. Boyers noted that when they discuss injury prevention they need to stay focused on the leading causes. Ms. Kalekas agreed stating it is important to consider the age, gender, and mechanism of injury when reporting data and creating fact sheets that target the appropriate audience. Ms. Dokken cautioned that the RTAB should focus on traumatic deaths. Deaths as a result of co-sleeping and drowning would not be considered traumatic deaths. Ms. Britt agreed that it is important to clearly define the leading causes of traumatic injuries within the trauma system.

Mr. Bernstein closed with a request for feedback from EMS personnel regarding data on the percentage of EMS calls related to falls among the elderly. He is hopeful they will agree to distribute prevention materials in the near future.

**D. Report on American College of Surgeons Trauma System Consultation Program Study**

Ms. Britt reported the American College of Surgeons (ACS) Trauma System Consultation Program is conducting a study to measure the impact of the trauma system consultation process on state and regional trauma systems that they visited in the past. On September 23<sup>rd</sup> nine members of the RTAB met by conference call with four members of the ACS Trauma System Consultation team to discuss our progress on the 15 priority recommendations that they made following their July 2011 consultation visit in Clark County. Four of the recommendations were scored as "fully implemented" during the call. These included recommendations related to the composition of the RTAB, hiring an EMSTS medical director, revising the TFTC protocol so that Step 1 and Step 2 pediatric trauma patients will be transported to a designated pediatric trauma center, and adding an EMS liaison to the Trauma Medical Audit Committee and a trauma center representative to the EMS

Quality Improvement Directors Committee. A score representing “substantial progress made” was assigned to the recommendation related to completing a trauma system self assessment which was the first step in project to review and revise the Trauma System Plan.

Ms. Britt stated that the remaining areas, those related to data collection and funding of the trauma system did not receive favorable ratings. In summary, 10 of the 15 recommendations were in some way related to one of those two issues and will require an ongoing effort to address them by the RTAB and trauma subcommittees.

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

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

Eric Dievendorf stated there were no items to report.

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

Ms. Boyers related that she sits on the board of a grief center for children. They see issues that affect both children and adult family members. In the past, the #1 and #2 leading causes of death were heart attack and motor vehicle accidents. Currently, the #1 and #2 leading causes of death are prescription overdose and suicide. Consequently, they are training their facilitators on the more complicated laws related to these issues. She and two other facilitators attended the National Alliance for Grieving Children’s Conference in Phoenix, Arizona where they did a debriefing with four national experts who were involved in the aftermath of the Sandy Hook Elementary School crisis. One of the biggest issues they faced was dealing with the harmful effects of volunteers who arrived from across the country who wanted to help the children and family members involved. The debriefing addressed the community’s need to be ready with a protocol. They have also developed a relationship with the Red Cross to provide first aid and psychological aid to facilitate support group services if there is a catastrophic event.

Ms. Boyers announced the grief center is hosting an event to promote pedestrian, car, and motorcycle traffic safety on November 2<sup>nd</sup> at Valley Hospital. There will be wellness components, so others are encouraged to participate.

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

Sajit Pullarkat did not attend the meeting.

##### **D. Report from Payers of Medical Benefits Representative**

Kathy Silver commented that one of the mandates under the Affordable Care Act has been the coverage of adult dependents between the ages of 19 and 26. The leading costs associated with adding that population has been incurred in the emergency department for treatment of drug abuse and motor vehicle crashes. Other related issues that don’t directly impact the trauma system are associated with the benefit design and structure of the different health plans.

Ms. Britt noted that they are looking for alternative data sources in the absence of a functional state registry. A question was raised regarding whether or not payers of medical benefits collect data about the types of injuries that they are responsible for reimbursing. Ms. Silver responded that they do compile data, and would be happy to share information. Ms. Kalekas stated it would be a great resource if they could identify the volume of trauma patients, including mechanism of injury. Ms. Silver noted they could obtain a lot of information from the claims data.

Ms. Britt related that one of the challenges when reviewing data from the available data sources in the community is to understand how a “trauma patient” is defined. Dr. Fildes commented that the CDC and ACS use a category of medical dysfunction or physiologic dysfunction that falls under the heading of “injury.” Injury can be when a mechanical force is applied to the body and it produces a pathological change, this would be defined as trauma. If thermal energy is applied to the body and it produces a pathological change, it would be defined as a burn. If poison is applied to the body and it produces a pathological change, it would be defined as toxicology. So typically, when we talk about the trauma system, we are primarily treating trauma patients who have received their injuries through the transfer of mechanical energy; and less so, through the transfer of thermal

energy. Ms. Silver clarified that if one person committed suicide via pill overdose, and another committed suicide via a self-inflicted gunshot wound, although they had the same outcome, only the gunshot wound would be considered trauma due to mechanism. Dr. Fildes stated that would be correct. The overdose would be considered a poisoning event. He clarified further that the medical examiner is asked to make a determination with regard to suicide versus inadvertent overdose. There is usually a note or conversation that indicated self harm in order for it to qualify as a suicide. Otherwise, it would be determined as an unintentional injury.

Ms. Britt noted that at the last SNIPP meeting they discussed the difficulty in trying to define the impact of trauma on the community when injured individuals are going to a doctor's office, to the emergency department and not being admitted, or to a trauma center. Dr. Fildes indicated the group needs to decide what should be measured. SNIPP is an injury prevention group that looks all of the different mechanisms. The RTAB should look at trying to prevent and treat patients who are harmed through mechanical means. He stated they are currently working on a study to build the state's injury pyramid to encompass the different types of injury and the subsequent costs involved.

E. Report from Rehabilitation Representative

Margaret Russitano did not attend the meeting.

F. Report from Health Education & Prevention Services Representative

Ms. Kalekas stated there were no additional items to report.

G. Report from Legislative/Advocacy Representative

Ms. Breen did not attend the meeting. Ms. Boyers commented that she was approached by a legislator about whether the RTAB would be in favor of supporting a primary seat belt law in the next legislative session. With the RTAB's support and his positioning, he felt it would have a very good chance of passing in the next legislative session.

H. Report from Public Relations/Media Representative

Kim Haley did not attend the meeting.

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

Ms. Britt directed everyone's attention to the TFTC data for the months May through August. Dr. Fildes noted there appears to be a summer/winter effect. He noted that UMC just completed their application with the ACS. In looking at the current data for August 2012-2013, UMC's volume has decreased by 8% when compared to three years ago.

Melinda noted that the out-of-area transports remain under 5%, so EMS appears to be doing their due diligence. The transfer data shows a slow trend for UMC; Sunrise remains relatively static; and St. Rose shows a slight decrease.

As there was no further business on the agenda, Chairwoman Case called for a motion to adjourn. A motion was made by Ms. Silver, was seconded, and passed unanimously to adjourn at 3:25 p.m.