



**MINUTES**

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

**REGIONAL TRAUMA ADVISORY BOARD**

**JANUARY 15, 2014 - 2:30 P.M.**

**MEMBERS PRESENT**

Melinda Case, RN, Chair, Sunrise Hospital	John Fildes, MD, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital	Melody Talbott, RN, University Medical Center
Erin Breen, Transportation Research Center, UNLV	Linda Kalekas, RN, Clark County School District
Danita Cohen, University Medical Center	Eric Dievendorf, EMT-P, AMR-LV
Margaret Russitano, RN, Sunrise Hospital	Captain Scott Morris, North Las Vegas Fire Department

**MEMBERS ABSENT**

Chris Fisher, MD, Sunrise Hospital	E.P. Homansky, MD, MAB Chairman
Kim Dokken, RN, St. Rose Siena Hospital	Sajit Pullarkat, Centennial Hills Hospital
Kathy Silver, Health Services Coalition	Kelly Boyers, Public Representative

**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director	Mary Ellen Britt, RN, EMSTS Manager
John Hammond, EMSTS Field Representative	Mike Bernstein, SNHD – OCDPHP
Michelle Nath, Recording Secretary	

**PUBLIC ATTENDANCE**

Gail Yedinak, University Medical Center	Abby Hudema, RN, University Medical Center
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**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 January 15, 2014. 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: 10/16/13

Chairwoman Case asked for approval of the minutes from the October 16, 2013 meeting. *A motion was made by Dr. Fildes, seconded by Dr. Dort, and passed unanimously to approve the minutes as written.*

## III. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Discussion of Trauma Performance Improvement Plan Proposed Revisions

The Trauma Performance Improvement Plan was originally written in the early stages of the development of the trauma system and has not been revised since 2009. A workgroup consisting of members from both the RTAB and Trauma Medical Audit Committee (TMAC) convened to begin the review process. Initial revisions have been made to the plan, and any further changes will be contingent on the American College of Surgeons Committee on Trauma guidelines that will be published in the *Resources for Optimal Care of the Injured Patient* book later this year. A future work session will be held to finalize the revisions to the plan.

### B. Discussion of Trauma System Funding

Chairwoman Case stated opportunities for obtaining trauma system funding need to be explored. She recommended inquiring if a portion of the funds that are paid to the State EMS Office for trauma center re-designation could be used to support the Clark County Trauma System. Mary Ellen Britt reported that SB205 was introduced during the last legislative session to create a trauma fund at the State for system development with a proportionate amount dedicated to Clark County. The bill did not pass and efforts will resume again during the next Legislative session to pursue trauma system funding.

In the early stages of the trauma system development, the trauma plan documented that the trauma centers would pay a fee to the Southern Nevada Health District (SNHD) for the services provided by the Office of Emergency Medical Services & Trauma System (OEMSTS). Currently there isn't any financial support for the trauma system and the SNHD Chief Health Officer is in the process of reviewing all unfunded mandates. In the future the need may arise to consider charging a fee to the trauma centers for authorization and/or reauthorization much like the State charges a fee for designation and/or re-designation. There was previous discussion about creating a trauma foundation to support the system and seeking grant opportunities. The challenge is that the grant dollars go directly to the State and often the proportionate share of those funds is not distributed to Clark County. Ms. Britt summarized that the OEMSTS is funded primarily by tax dollars with some additional support from the Health District's Office of Public Health Preparedness. As grant monies are decreasing, the financial sources that have been available in the past to support the activities of the OEMSTS may not exist in the future. She encouraged that any ideas on how to generate funds for the system should be brought forward.

Dr. Fildes inquired if there is a desire to consider implementing a surcharge for moving violations during the next Legislative session, and added that this is the most common method used by other states and counties across the nation. Ms. Britt agreed that many other trauma systems with budgets in the millions are generating revenue from fees imposed on traffic citations. Member Breen remarked the discussion about adding a fee to moving violations will be explored again through the Trauma System Advocacy Committee (TSAC). She added that a placeholder for a bill draft has been submitted by Senator Woodhouse and the TSAC will reconvene to resume legislative activities.

### C. Committee Report: Southern Nevada Injury Prevention Partnership

Mike Bernstein reported that the Southern Nevada Injury Prevention Partnership (SNIPP) is in the process of developing an injury prevention position statement, and based on the Board's previous recommendation there will be a concentration on trauma. A list will be compiled detailing the top

mechanisms of injury and it will be used as an educational tool for injury prevention. An important factor identified at the SNIPP meeting is to demonstrate the financial impact of the identified mechanisms of injury to the community. Highlighting the impacts and defining how public monies could be saved will create a better potential for obtaining funding.

Linda Kalekas reported that falls are an area of concern for the Clark County School District as one of the top mechanisms of injury and consequently costly to the School District. There are an exceptional amount of falls particularly with physically, cognitively and mentally challenged students. Ms. Britt remarked that during the TMAC meeting there was discussion about falls being the leading cause of injury in children and the second leading cause for the age 55 and over category.

**D. Nominations for Non-standing RTAB Member Seats for Terms Expiring June 30, 2014**

Ms. Britt reported nominations for the non-standing RTAB member seats with terms expiring June 30, 2014 will need to be submitted for the following seats:

1. Administrator from a Non-trauma Center Hospital
2. General Public
3. Health Education & Prevention Services
4. Legislative Issues/Advocacy
5. Payors of Medical Benefits for Victims of Trauma
6. Public Relations/Media
7. System Financing/Funding

Nominations will be due within 60 days to allow sufficient time for the RTAB Nominating Committee to review the applications. The recommendations from the Nominating Committee will be brought forward for endorsement at the next RTAB meeting.

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

Ms. Britt reported that there has been a slight increase in the number of patients transported to a trauma center that met the trauma field triage criteria. She noted that the criteria (special considerations; mechanism; anatomical; physiological) used for determining transport to a trauma center and the dispositions remained constant. There was discussion of the rolling calendar which depicts the trauma system patient volume, and Dr. Fildes noted that the data has been collected for several years and it would be a good time to review some depictions of other data elements. He used the example of the proportion of admitted to discharged patients, noting that approximately 60% of the patients that are evaluated are discharged even though they met the guidelines for trauma field triage criteria. Another indicator to be considered is patients with an Injury Severity Score of greater than 15 and analyzing the long term trend. Ms. Britt responded that the request to create annual rolling calendars for system volume could be produced for the next RTAB meeting.

**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**

Kelly Boyers did not attend the meeting.

**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 did not attend the meeting.

**E. Report from Rehabilitation Representative**

Chairwoman Case stated that Margaret Russitano was present; however there were no items to report as the Rehabilitation Committee has not convened.

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 again noted that a bill draft request in support of the trauma system was submitted for consideration during the next Legislative session. Ms. Breen inquired if the RTAB could support other bill draft requests and lend its support to other legislative activities as a Board. There was discussion on the topic and many unanswered questions; therefore, Ms. Breen remarked she would make it an agenda item for the next Trauma System Advocacy Committee meeting.

H. Report from Public Relations/Media Representative

Danita Cohen was introduced by Chairwoman Case at the start of the RTAB meeting. As a new member of the Board, Ms. Cohen stated there were no items to report.

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business on the agenda, Chairwoman Case called for a motion to adjourn. *A motion was made by Chairwoman Case, was seconded by Dr. Fildes, and passed unanimously to adjourn at 3:15 p.m.*