



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

OCTOBER 15, 2014 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, St. Rose Siena Hospital, Vice Chair	Frank Simone, North Las Vegas Fire Department
Chris Fisher, MD, Sunrise Hospital	Stacy Johnson, RN, Sunrise Hospital
John Fildes, MD, University Medical Center	Abby Hudema, RN, University Medical Center
Kathy Silver, Health Services Coalition	Danita Cohen, University Medical Center
Erin Breen, Transportation Research Center, UNLV	Ryan Moon (Alt), Centennial Hills Hospital
Senator Shirley Breedon, Public Representative	Eric Dievendorf, EMT-P, AMR

MEMBERS ABSENT

E.P. Homansky, MD, MAB Chairman	Kim Dokken, RN, St. Rose Siena Hospital
Margaret Russitano, RN, Sunrise Hospital	

SNHD STAFF PRESENT

Mary Ellen Britt, RN, EMSTS Manager	John Hammond, EMSTS Supervisor
Mike Bernstein, SNHD – ODCPHP	Lei Zhang, SNHD – Informatics
Michelle Nath, Recording Secretary	

PUBLIC ATTENDANCE

Daniel Llamas, Sunrise Hospital	Robert Horton, Las Vegas Fire & Rescue
Nichole Ingalls, 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 15, 2014. Vice Chairman Dort 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. Vice 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.

Vice Chairman Dort asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Vice Chairman Dort 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: 07/16/14

Vice Chairman Dort asked for approval of the minutes from the July 16, 2014 meeting. *A motion was made by Dr. Fisher, seconded by Dr. Fildes, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Nomination for Non-Standing RTAB Member Seat for Health Education and Injury Prevention Services

The non-standing RTAB member seat for health education and injury prevention services is vacant as the previously appointed member resigned from the position. The Board agreed to open the nomination process for the vacant seat with a goal to fill the position by the next quarterly meeting.

B. Report on Clark County Trauma Performance Improvement Plan Proposed Revisions

A work session will be scheduled for November to finalize the revisions to the Clark County Trauma Performance Improvement (PI) Plan. The workgroup will focus on the remaining components of the plan pertaining to those elements contained in the Trauma Outcomes and Performance Improvement Course. Once this process has been completed, the PI Plan will reflect the recommendations found in the recently revised American College of Surgeons Committee on Trauma *Resources for Optimal Care of the Injured Patient* book.

C. Report on Proposed Revisions to the Clark County Trauma Plan

D. Report on Proposed Revisions to the Clark County Trauma System Regulations

As the revisions to the Clark County Trauma Performance Improvement Plan are nearing completion, the Clark County Trauma System Regulations will need to be reviewed at a scheduled public work shop for any potential revisions. Mary Ellen Britt remarked that there would be two work groups scheduled to convene over the next two months. The first workgroup will meet in November to finalize the revisions to the Clark County Trauma Plan. The second work session, to be held in December, will focus on the review of the Clark County Trauma System Regulations. Following the two work sessions it was recommended that the trauma system documents be referred to the Trauma Procedure/Protocol Review Committee (TPPRC) for another level of review. *A motion was made by Dr. Fildes to refer the Clark County Trauma Plan, Performance Improvement Plan and Clark County Trauma System Regulations to the Trauma Procedure/Protocol Review Committee, seconded by Dr. Fisher, and passed unanimously.*

After examination of those documents by the TPPRC, they would then be presented to the RTAB for a final review and endorsement during the next quarterly meeting. The goal would then be to present the documents to the District Board of Health for final approval during their scheduled January 2015 meeting.

E. Report on Trauma System Advocacy Committee

1. Discussion of Outreach Efforts to Increase Awareness about the Southern Nevada EMS & Trauma System
2. Discussion of Future Legislative Efforts Related to EMS & Trauma System Development and Funding in Nevada
3. Discussion of Creating a Tax-Exempt 501(c)(3) Organization to Support EMS & Trauma System Activities

Erin Breen reported that there was a press conference at Care Meridian to discuss fall prevention, and this was the only outreach event in the past quarter. She added that the Committee continues to work on legislative efforts related to EMS and trauma system development and funding in Nevada. She informed the Board that Senator Joyce Woodhouse has submitted a bill draft request in support

of EMS and trauma system activities. It stipulates that there will be a \$1.00 trauma system fee assessed on every automobile and homeowners insurance policy issued in the state of Nevada. The Committee is also actively working on seeking support from the insurance industry for this initiative, and it was noted that the proposed fee could create as much as a two million dollar fund for the system. Ms. Breen reiterated the bill contained draft language and that revisions could be made prior to the start of the legislative period during the next Committee meeting. The other option which the Committee continues to explore as another means for creating a sustainable funding source is the development of a tax exempt 501(c)(3) organization. The Committee is awaiting a response from the Chief Health Officer to determine the feasibility of pursuing a tax exempt organization under the auspices of the Southern Nevada Health District.

F. Committee Report: Southern Nevada Injury Prevention Partnership Meeting 10/9/14

1. Welcome and Introductions
2. Discussion of Resignation of Chairman
3. Discussion of Draft Committee Bylaws
4. Discussion of Power Point Presentation to Support 2015 Primary Seatbelt Legislation
5. Local Community Program Highlights
6. Next Meeting and Agenda Items

Mike Bernstein reported that the Southern Nevada Injury Prevention Partnership (SNIPP) is in the process of becoming a formal committee of the RTAB with meetings being publicly noticed in accordance with Nevada's Open Meeting Law. He remarked that the RTAB member representing health education and prevention services serves as the Chairman of SNIPP, and currently that position is vacant. The goal will be to fill the position prior to the January 2015 SNIPP meeting.

Draft bylaws for SNIPP were presented to the participants as informational only and it was noted that committee membership will need to be determined in order to identify the requirements for quorum. A memo will be sent to the existing SNIPP distribution list detailing the current progress of SNIPP. Anybody who is interested in becoming an official member will need to attend at least two of the four quarterly meetings per calendar year and must be actively participating in injury prevention activities.

During the discussion of the primary seatbelt legislation, Mr. Bernstein explained that Ying Zhang, a senior scientist in the Office of Epidemiology, had formerly developed a presentation to support a primary seatbelt law for the state of Nebraska. This information was previously shared with the SNIPP members and Nadia Fulkerson, Project Director for the Center for Traffic Safety Research, developed a similar presentation to support primary seatbelt legislation in Nevada. It was presented to the SNIPP participants and it continues to be refined with input from community partners. The presentation will be provided to Senator Joyce Woodhouse for additional feedback and the final product will be available prior to the 2015 legislative session.

Mr. Bernstein provided a report on the leading causes of childhood deaths in 2004–2013 in Clark County which was prepared by Ms. Zhang. For people between the ages of 1-24, unintentional injuries were the leading cause of death, and it was noted that drowning was the leading cause of death for children between the ages of 1-4. However, Mr. Bernstein added that this year had been the most successful year in terms of drowning prevention. There have been 26 submersion incidents which is the lowest number for this time of the year in Clark County, and there was only one fatal drowning which occurred in August. This marked the longest period of time in a calendar year without a child fatal drowning incident in Clark County, since data collection began in Clark County.

Suicide is a significant problem in Nevada; it is the second leading cause of death for 10-14 year old children and the third leading cause in the 15-19 age group. Suicide prevention efforts have increased over the last few years and current national data illustrates that Nevada, which had previously ranked in the top five, has dropped to sixth place for suicide. In efforts to raise awareness about the issue, the Nevada Coalition for Suicide Prevention held its annual Walk of Hope, raising \$12,000 with its highest level of participants to date. Dr. Fildes acknowledged Mr. Bernstein's

contributions and thanked him for his work, particularly with his contributions to suicide prevention. He commented that Nevada was number one per capita in the nation almost 15-20 years ago, and to have dropped to sixth is a testimony to the contributions of the SNIPP.

Mr. Bernstein's last reported item pertained to another significant problem that the SNIPP members are monitoring. There has been increasing sales of prescription opioids, with Nevada ranking second per capita in the nation. While there is a Prescription Drug Monitoring Program in Nevada, it's only currently used by approximately 20% of pharmacists and even less among physicians. Research indicates people addicted to opioids that have difficulty filling their prescriptions due to a monitoring program are more likely to become addicted to heroin because it's cheaper and easier to obtain. There has been a nationwide focus on this issue and a report was published out of Cuyahoga County, Ohio whereby a coalition of healthcare providers, law enforcement personnel, pharmacists and other stakeholders developed an organized response to this epidemic. This issue is being monitored in Clark County and awareness about the abuse of opioids is one of the highlighted topics covered in the SNIPP meetings. Mr. Bernstein closed the discussion by announcing that the next meeting would be held on January 13, 2015.

G. Update of Status of State Trauma Registry

Ms. Britt reported that there continues to be a technical glitch which is prohibiting the trauma centers from successfully uploading their trauma registry data to the state. She noted there has been a lack of a functioning state trauma registry since 2008 and that Dr. Lockett, the current Director of Community Health, is committed to helping resolve this issue. Additionally, he has allocated resources internally to assist with making the trauma registry operational. Ms. Britt then introduced Lei Zhang, a public health informatics scientist, who previously had direct involvement in the management of the trauma registry in Nebraska. Mr. Zhang stated he was the state trauma registrar for Nebraska for seven years and is pleased to participate in the process to re-establish the trauma registry in Nevada. He stated that there is most likely an encryption issue in the data sharing process between the trauma centers and the state. His recommendation is that the vendor for the registry software consider other potential solutions for retrieving the data and converting it to a format that's compatible with the state's system. He expressed his dedication to this project and estimated it may take up to a year to correct the issue.

Dr. Fildes questioned the number of fields that the state trauma registry is attempting to upload. Mr. Zhang responded that he doesn't have that list. He explained that in Nebraska there is a state data dictionary and it specified exactly which elements are required. In the absence of a state list, the only list he would recommend using would be the one defined by the National Trauma Data Bank (NTDB). The NTDB dictionary is an appropriate reference and with the accessibility to NEMSIS the two data sets would be ample for creating a regional registry for Southern Nevada. He closed by reiterating that there appears to be a lack of infrastructure which is impeding the progress with the state trauma registry and with time the issue can be resolved.

H. Trauma Field Triage Criteria Data Report

Ms. Britt reported that the standardization project for the trauma field triage criteria (TFTC) data for years 2010-2013 had been completed and uploaded to a software program recommended by informatics in order to produce more detailed reports. She referred the Board to view the various TFTC reports that were available in their member packets. The Vice Chair noted that there had been a slight increase in the volume of trauma transports for patients meeting TFTC. It was reported that the out-of-area transports remained under the 5% tolerance benchmark for the second quarter with an average total of 2%. This was attributed to 1) the awareness of the TFTC protocol by EMS crews and 2) when calls come through the fire alarm office, the information regarding the designated receiving facility is sent to the responding unit.

Dr. Fildes requested creating a report that would illustrate the patient disposition for each TFTC category. He is interested in further analysis of the high acuity patients that are depicted by direct admission to the operating room or intensive care unit. This would provide insight as to whether or

not the trauma system is gaining more patients of a higher acuity than a lower one. He commented that the number of trauma patients who have been discharged home has been stable with a range between 58-65%. Ms. Britt responded that the EMS & Trauma System office will work with Mr. Zhang to develop the report he has requested.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Eric Dievendorf reported that training on the revised EMS protocols continues to be a work in progress. Ms. Britt remarked that Dr. Bledsoe is in the process of creating an educational program so that training for the spinal stabilization protocol is consistently applied across all agencies. Frank Simone added that the agencies are also developing a standard list of quality assurance metrics for appropriate data collection.

Kathy Silver inquired if there has been additional training for EMS responders in response to the Ebola virus outbreak. Mr. Dievendorf replied that there is daily monitoring of the Centers for Disease Control and Prevention website for up-to-date clinical information and recommendations and protocols have been established for the safe management of a patient with suspected Ebola or confirmed Ebola. Ms. Britt added that the Health District sent out a screening tool that was developed by AMR nationally. With permission, there were some minor modifications made prior to distributing it to all the EMS providers. In addition, the fire alarm office has begun screening calls coming in through 9-1-1. There are procedures for notification to the receiving facility if the screen is positive. There is also early notification to the Office of Epidemiology so that further investigation can be accomplished to determine whether or not it is a suspect case.

B. Report from General Public Representative

Shirley Breeden reported there were no new items to report; however, she inquired about obtaining literature pertaining to fall prevention. She serves on a committee for a tax-exempt transportation company that services senior citizens and veterans and in the last month two riders have fallen and suffered hip injuries. In response, Mr. Bernstein agreed to provide Ms. Breeden with informational materials.

C. Report from Non-Trauma Center Hospital Representative

Ryan Moon reported there were no new items to report.

D. Report from Payers of Medical Benefits Representative

Kathy Silver reported that there has been a significant impact to provider accessibility due to the increased enrollment of newly insured patients that occurred through the Health Exchange under the Affordable Health Care Act. With the shortage of healthcare providers in Clark County and the increasing number of insured patients, the effect on services is likely to continue.

E. Report from Rehabilitation Representative

Margaret Russitano did not attend the meeting.

F. Report from Health Education & Prevention Services Representative

Mike Bernstein stated that there were no additional items to report.

G. Report from Legislative/Advocacy Representative

Ms. Breen reported that as the legislative session approaches a decision needs to be made as to whether or not the RTAB can support legislation relating to injury prevention, such as a primary seatbelt law. She requested this topic be added as an agenda item for the next RTAB meeting.

H. Report from Public Relations/Media Representative

Danita Cohen remarked there were no items to report.

V. PUBLIC COMMENT

During public comment, Ms. Breen displayed a flashing Halloween pumpkin candy bucket. She stated that the pumpkin can be seen 100 yards away and is one of many methods to make a child visible while trick or treating. She also announced that a local Halloween Mart would be hosting a Zero Teen Fatalities traffic safety message contest for high school students. There will be a zombie costume contest and winners will receive prizes, and it would be a great way to get teenagers involved in a driver safety program. Dr. Fildes inquired if there were any resources for a public safety announcement for Halloween and recommended doing a similar campaign that is released for return to school safety programs.

VI. ADJOURNMENT

As there was no further business on the agenda, Vice Chairman Dort adjourned the meeting at 3:25 p.m.