



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

JULY 15, 2015 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, St. Rose Siena Hospital, Chair	Kim Dokken, RN, St. Rose Siena Hospital
John Fildes, MD, University Medical Center	Abby Hudema, RN, University Medical Center
Chris Fisher, MD, Sunrise Hospital	Stacy Johnson, RN, Sunrise Hospital
Sajit Pullarkat, Centennial Hills Hospital	Margaret Russitano, RN, Sunrise Hospital
Frank Simone, North Las Vegas Fire Department	Eric Dievendorf, EMT-P, AMR
Erin Breen, Transportation Research Center, UNLV	Danita Cohen, University Medical Center

MEMBERS ABSENT

Senator Shirley Breeden, Public Representative	Dale Carrison, DO, MAB Chairman
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SNHD STAFF PRESENT

Mary Ellen Britt, RN, EMSTS Manager	Joseph P. Iser, MD, Chief Health Officer
Christian Young, MD, EMSTS Medical Director	John Hammond, EMSTS Supervisor
Mike Bernstein, SNHD – OCDPHP	Heather Anderson-Fintak, Esquire
Lei Zhang, SNHD – Informatics	Michelle Nath, Recording Secretary

PUBLIC ATTENDANCE

Michael Seiff, MD, Spine & Brain Institute	Michael Holtz, MD, UNSOM
Norlan Maltez, UNSOM	

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 July 15, 2015. Chairman Dort called the meeting to order at 2:36 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. 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.

Chairman Dort asked if anyone wished to address the Board, and Dr. Michael Seiff expressed concern about Emergency Medical Services personnel and their ability to identify traumatic brain injury and spinal injury in patients. He remarked that the issue was brought up in a meeting that was attended by various EMS personnel representing three of the permitted agencies. He impressed upon the Board that there should be further training and education on this topic and that he would make himself available to

assist with these efforts. He also requested that the topic be added to the agenda of the next Medical Advisory Board Meeting.

Following Dr. Seiff's comments, Chairman Dort remarked that Mary Ellen Britt, EMS & Trauma System Manager, is retiring and he expressed his gratitude for her years of dedication and service to the trauma system.

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

II. CONSENT AGENDA

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: 4/15/15

Chairman Dort asked for approval of the minutes from the April 15, 2015 meeting. *A motion was made by Dr. Fildes, seconded by Kim Dokken, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Introduction of Standing Members and Non-standing RTAB Members

Chairman Dort asked that the standing Board members and non-standing Board members introduce themselves.

B. Discussion of Trauma Education for Rural Communities Sponsored by Emergency Medical Services for Children Grant

There is an opportunity to develop a trauma team to provide education in hospital settings throughout the rural counties of Nevada, and the funding for this initiative will be provided by the statewide Emergency Medical Services for Children (EMSC) grant. The program will be based on the American College of Surgeons curriculum, and the developed trauma panel would be dispatched to conduct training at hospitals according to the regions assigned to each team. The representatives from the three trauma centers in Southern Nevada would cover the areas in the central, eastern and western parts of the state, and the northern areas can be covered by representatives from Renown Regional Medical Center in Washoe County. The trauma program manager at UMC has agreed to take the lead in coordinating this project.

C. Report: Southern Nevada Injury Prevention Partnership Meeting 7/13/15

1. Welcome and Introductions
2. Discussion of Goals and Objectives of the Southern Nevada Injury Prevention Partnership
3. Discussion of Injury Prevention Emphasis Areas Resource List
4. Update on Proposed Injury Prevention and Trauma Related Legislation
5. Discussion of Trends in Non-accidental Trauma
6. Update on Nevada Policy Workshop on Prescription Drug Abuse
7. Next Meeting and Agenda Items

Mike Bernstein reported that the goals and objectives of the Southern Nevada Injury Prevention Partnership (SNIPP), as outlined in the Trauma System Plan, were reviewed in conjunction with the list for the wide range of injury prevention resources that are available in Southern Nevada. The major focus areas include: 1) traffic related injuries, 2) violent injuries, 3) suicide, 4) falls, and 5) drowning. The two emerging topics that were added to the existing list were non-accidental trauma and unintentional prescription drug overdose. The resource list will serve as a tool for the committee to define future goals and objectives for the SNIPP.

During the discussion of trends in non-accidental trauma, it was noted that University Medical Center (UMC) has seen an increase in the number of non-accidental trauma cases for pediatric patients. As a result, UMC developed their "Time Out Save A Child's Life" campaign which

provides families with information about available resources at the time of the patient's discharge. Mr. Bernstein also reported that there is another program that was created by Prevent Child Abuse Nevada, called The Choose Your Partner Carefully Campaign, to educate single parents on carefully selecting a partner or care provider who will ensure a safe environment for their child.

Mr. Bernstein reported that Senate Bill 459 was approved by the Governor on May 5, 2015. The bill establishes the Opioid Overdose Prevention Act which authorizes certain healthcare personnel to prescribe and dispense an opioid antagonist to a family member, friend or other person to assist a person at risk or experiencing an opioid-related drug overdose. The Act would reduce criminal liability for individuals who report drug overdoses. It would also require that doctors monitor a patient's prescription history and look for signs of excessive painkiller use. The Health District supported this bill and there's been movement both county and statewide to monitor this issue.

Mr. Bernstein informed the Board that he would defer to Erin Breen for reporting on additional injury prevention and trauma related legislation. The next SNIPP meeting will be held on October 12, 2015.

D. Legislative Update

Erin Breen reported on injury prevention and trauma related legislation:

SB2 Increases the maximum speed at which a person may drive or operate a vehicle. The bill was passed by the Senate Transportation Committee.

SB144 Designates pedestrian safety zones in certain circumstances; provides for enhanced penalties for certain traffic violations in pedestrian safety zones; and prohibits a driver from making a U-turn or passing another vehicle in a school zone. The bill was passed by the Senate Transportation Committee.

SB188 Changes the word "accident" to crash as it relates to motor vehicles. The bill was passed by the Senate Transportation Committee.

SB189 Amends NRS 450B to require the Division of Public and Behavioral Health (DPBH) to maintain the state trauma registry. The initial intent of the bill was to create a dedicated and sustainable funding source for EMS and trauma system activities statewide; however, the bill was amended to remove the funding mechanism and to solely cover the trauma registry. The bill did not pass. Dr. Iser remarked that Senator Woodhouse has committed to continue working on the legislative effort to create a sustainable funding source for EMS and trauma system activities during the next legislative session.

SB245 Revises provisions concerning penalties for a person who drives a vehicle and causes substantial bodily harm or death of another person and leaves the scene of an accident. The bill was passed by the Senate Transportation Committee.

SB267 Revises provisions relating to the transportation of children in motor vehicles, with revisions to the requirements for a child to be secured in a child restraint system. The bill was heard by the Senate Transportation Committee and did not get voted out of committee.

SB354 Authorizes the use of motorized wheelchairs and the movement of other pedestrians in bicycle lanes under certain circumstances. The bill was passed by the Senate Transportation Committee.

SB404 Provides for the registration of mopeds, requires a fee for the registration and may result in the rider needing to wear a helmet. The bill was passed by the Senate Transportation Committee.

AB148 Revises provisions governing firearms; authorizes a person holding a permit to carry a concealed firearm to do so on certain property of a public airport or on the property of the Nevada System of Higher Education under certain circumstances. The bill was passed by the Assembly Judiciary Committee.

E. Update of Status of State Trauma Registry

John Hammond reported that the Nevada Division of Public and Behavioral Health (DPBH) will be upgrading the Nevada Trauma Registry to the Digital Innovations Version 5. The anticipated completion date is scheduled for August and they will migrate five years of data. The DPBH is encouraging the trauma centers in Southern Nevada to upgrade to Version 5 so that all users will be on the same platform.

F. Trauma Field Triage Criteria Data Report

Mr. Hammond referred the Board to view the various TFTC reports for the first quarter of 2015 that were available in their member packets. He reported that there were 1,335 patients transported to the three trauma centers by EMS, which was a decline from the 1,416 patients that were transported in the previous quarter. The percentage of patients being discharged remains steady, and the out-of-area transports remained under the 5% tolerance benchmark for the first quarter with an average total of 3%.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Frank Simone and Eric Dievendorf stated there were no items to report.

B. Report from General Public Representative

Senator Shirley Breeden did not attend the meeting.

C. Report from Non-Trauma Center Hospital Representative

Sajit Pullarkat stated there were no items to report.

D. Report from Rehabilitation Representative

Margaret Russitano reported that she is developing a list of contacts for potential membership to the Trauma Rehabilitation Committee. She explained that many of the individuals who were previously members of the Committee are no longer in the community. She requested if anyone has recommendations for individuals interested to serve on the committee that the information is forwarded to Michelle Nath.

E. Report from Health Education & Prevention Services Representative

Dineen McSwain did not attend the meeting.

F. Report from Legislative/Advocacy Representative

Erin Breen stated that there were no additional items to report.

G. Report from Public Relations/Media Representative

Danita Cohen stated there were no items to report.

V. PUBLIC COMMENT

Dr. Iser shared a childhood story about bidding a beloved aunt farewell every time he visited with her. He used this example as a compliment to Ms. Britt because it has been a similar experience bidding her a long and heartfelt goodbye for her retirement.

VI. ADJOURNMENT

As there was no further business on the agenda, *Chairman Dort adjourned the meeting at 3:10 p.m.*