



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
REGIONAL TRAUMA ADVISORY BOARD

January 18, 2017 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, Chair, St. Rose Siena Hospital	John Fildes, MD, UMC
Kim Dokken, RN, St. Rose Siena Hospital	Kim Cerasoli, RN, University Medical Center
Chris Fisher, MD, Sunrise Hospital	Alma Angeles, RN, Sunrise Hospital
Amy Doane, System Finance/Funding	Kelly Taylor, Payers of Medical Benefits
Shirley Breeden, Public Representative (via phone)	Danita Cohen, Public Relations/Media
Margaret Russitano, RN, Rehab Services	Frank Simone, Paramedic, Public EMS Provider
Erin Klein, Non Trauma Center Hospital (Alt.)	Tressa Naik, MD, MAB Chairman (via phone)
Jason Driggars, Paramedic, Private EMS Provider	

MEMBERS ABSENT

Sajit Pullarkat, Administrator, Non Trauma Center Hospital	Erin Breen, Legislative/Advocacy
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SNHD STAFF PRESENT

John Hammond, EMSTS Manager	Christian Young, MD, EMSTS Medical Director
Michael Johnson, PhD, Director of Community Health	Laura Palmer, EMSTS Supervisor
Lei Zhang, PH Informatics Scientist	Heather Anderson-Fintak, Associate Attorney
Judy Tabat, Recording Secretary	

PUBLIC ATTENDANCE

Carl Bottorf, Life Guard International	Daniel Llamas, HCA
Erica Nansen, UMC	Frank Malle, HFD
Jason Law, HFD	Jennifer Lopez, R&R Partners

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board (RTAB) convened in the Red Rock Trail Conference Room at the Southern Nevada Health District, located at 280 S. Decatur Boulevard, on January 18, 2017. Chairman Dort called the meeting to order at 2:45 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 pertaining to items listed on the Agenda. 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 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: 11/30/2016

Chairman Dort asked for approval of the minutes from the November 30, 2016 meeting. *A motion was made by Member Fisher, seconded by Member Fildes and passed unanimously to approve the minutes.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Trauma Needs Assessment Taskforce (11/30/2016)

- a. Review of Professional Assessments of Other Trauma Systems
- b. Further Develop Standardized Measures for Assessing the Needs of the Trauma System
- c. Update on SNHD Trauma Registry
- d. Next Meeting and Agenda Items

Ms. Doane reported that the taskforce continues to make progress on developing criteria. She noted that the taskforce approved their bylaws at the last meeting.

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

Ms. Palmer advised the Board that Dineen McSwain has taken other opportunities that were presented to her so she is no longer a member of the RTAB. This seat has been put up for nomination and they will be sending out nomination forms to all the members. She added that they would like to receive the nomination forms prior to the next RTAB meeting which is scheduled for this coming April.

C. Trauma Field Triage Criteria Data Report

Ms. Palmer reported the following trauma data for the 3rd quarter of 2016:

July 2016

- Total Transports = 603; (571 adult; 32 pediatric)
- UMC = 457; (434 adult; 23 pediatric)
- Sunrise = 112; (105 adult; 7 pediatric)
- St. Rose Siena = 34; (32 adult; 2 pediatric)

August 2016

- Total Transports = 552; (520 adult; 32 pediatric)
- UMC = 377; (349 adult; 28 pediatric)
- Sunrise = 101; (99 adult; 2 pediatric)
- St. Rose Siena = 74; (72 adult; 2 pediatric)

September 2016

- Total Transports = 603; (585 adult; 18 pediatric)
- UMC = 418; (407 adult; 11 pediatric)
- Sunrise = 123; (117 adult; 6 pediatric)
- St. Rose Siena = 62; (61 adult; 1 pediatric)

3rd Quarter 2016 Total Out of Area Transports = 6%

IV. INFORMATION ITEMS / DISCUSSION ONLY

A. Report from Public Provider of Advanced Emergency Care

Mr. Simone stated there were no items to report.

B. Report from Private Franchise Provider of Advanced Emergency Care

Mr. Driggars stated there were no items to report.

C. Report from General Public Representative

Shirley Breeden stated there were no items to report.

D. Report from Non-Trauma Center Hospital Representative

No report given

E. Report from Rehabilitation Representative

Ms. Russitano stated there were no items to report.

F. Report from Health Education & Prevention Services Representative

No report given

G. Report from Legislative/Advocacy Representative

Mr. Hammond advised the Board that Dr. Iser asked him to write language for Senator Woodhouse regarding the funding bill which he drafted and emailed to her. Dr. Iser also asked him to look at some language enabling the Health District to hold the authority for the trauma registry as well through NRS rather than NAC which he drafted and emailed to Senator Woodhouse.

Ms. Angeles reported for Erin Breen stating the trauma bill has been submitted. She added that Erin has additional bills being proposed and will provide a list to the Health District that will be email out to the Board.

H. Report from Public Relations/Media Representative

Ms. Cohen stated there were no items to report.

I. Report from Payer of Medical Benefits

Ms. Taylor stated there were no items to report.

J. Report from System Finance/Funding

Ms. Doane stated there were no items to report.

Dr. Fildes reported that during a previous meeting they discussed the shortage of post acute care beds in rehabs, skilled nursing facilities (SNFs), and licensed post acute care facilities (LPACs). A lot of injured patients will enter into an acute care facility, qualify for post acute care, and not be able to move forward in the system. He questioned if this was a national problem or a local problem and whether there can be some change made to allow these patients to move on in the system.

Ms. Russitano felt that some of the issues were the level of care that the patient requires and also the disposition of that patient. She noted that some SNFs can be reluctant to take patients

especially if there is no exit strategy. She explained that in Las Vegas, the exit strategy from an acute care or post acute care facility is very weak and that makes it difficult to find resources for them. She added that sometimes the insurance companies are reluctant so it can be a variety of issues that happen. She noted that Sunrise rehab has now started to take ventilated patients for rehab which will open a window for patients that need that level of care.

Ms. Doane noted that there are just not enough beds within a payer network or for SNFs or LPACs for a number of post acute care settings.

Ms. Russitano stated that she hates to have patients to go out of state but sometimes that is necessary. Sunrise Hospital is accredited by the Commission on the Accreditation of Rehab Facilities (CARF) and it is painful when an insurance company will send a child out of state instead of to them because that is where their network is. It is a building process and it has been a lot of years in the works but there is still so much work to do.

Dr. Fildes thanked Ms. Russitano for her discussion and asked the staff to carry that discussion back to some of the legislative and policy decision makers.

V. **PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Dort asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

VI. **ADJOURNMENT**

There being no further business to come before the Board, *Chairman Dort adjourned the meeting at 3:10 p.m.*