



**MINUTES**  
**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**  
**DIVISION OF COMMUNITY HEALTH**  
**REGIONAL TRAUMA ADVISORY BOARD (RTAB)**

**July 17, 2019 - 1:30 P.M.**

**MEMBERS PRESENT**

John Fildes, MD, Chair, UMC	Lisa Rogge, RN, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital	Kim Dokken, RN, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital	Georgi Collins, RN, Sunrise Hospital
Matt Frye, Administrator, Non-Trauma Hospital (Alt)	Larry Johnson, Paramedic, Private EMS Provider
Frank Simone, Paramedic, Public EMS Provider	Erin Breen, Legislative/Advocacy
Danita Cohen, Public Relations/Advocacy	Carl Bottorf, General Public (via phone)
Cassandra Trummel, RN, Health Education	Jessica Colvin, System Finance/Funding
Bobbette Bond, Payers of Medical Benefits (Alt)	

**MEMBERS ABSENT**

Mike Barnum, MD, MAB Chairman	Amy Henley, Rehabilitation Services
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**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director	John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor	Chad Kingsley, Regional Trauma Coordinator
Michael Johnson, PhD, Dir. of Community Health	Lei Zhang, Sr. Informatician
Brandon Delise, Epidemiology	Annette Bradley, General Counsel
Judy Tabat, Recording Secretary	

**PUBLIC ATTENDANCE**

Tony Greenway, Valley Health System	Stacy Johnson, MountainView Hospital
Dan Shinn, HCA	Stacie Sasso, HSC
Heidi Nolan, Nellis 99 MDG	Kim Cerasoli, UMC
Matt Nielsen, Nellis 99 MDG	Josh Monroe, Nellis AFB
August Corrales, SNIPP	Scott Kerbs, UMC
Gail Yedinak, UMC	Connor Cain, Carrara Nevada
Margot Chappel, State of NV (via phone)	

**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 July 17, 2019. Chairman Fildes called the meeting to order at 1:30 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fildes noted that a quorum was present.

Dr. Fildes welcomed the new RTAB non-standing members:

Sajit Pullarkat, representing Administrator from a non-trauma center

Frank Simone, representing Public providers of advanced emergency care

Larry Johnson, representing Private franchised providers of advanced emergency care

Amy Henley, representing Rehabilitation services

Jessica Colvin, representing knowledge of system financing/funding

## **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 Fildes 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 Fildes 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: 06/18/2019

Chairman Fildes asked for approval of the minutes from the June 18, 2019 meeting. *A motion was made by Member Fisher, seconded by Member Trummel and passed unanimously to approve the minutes.*

## **III. REPORT/DISCUSSION/POSSIBLE ACTION**

### **A. Committee Report: RTAB Member Nominating Committee**

Chairman Fildes related that he chaired a meeting with the RTAB Member Nominating Committee to fill a vacant position for payers of medical benefits for victims of trauma and asked staff to report the results of that meeting.

Mr. Kingsley reported that there were two candidates for consideration and the committee voted to select Maya Holmes for that position on the RTAB.

### **B. Committee Report: Southern Nevada Injury Prevention Partnership (SNIPP) (07/15/2019)**

Mr. Corrales reported that the SNIPP committee held its state of the union address on July 15<sup>th</sup> to provide highlights of the committee's accomplishments over the past 2 years. He added that they heard two presentations; one from Jennifer Nash on the Nevada Goes Falls Free Coalition which addresses the number one cause of trauma in Southern Nevada, and one from Tara Phebus, who gave an excellent presentation on child abuse prevention. The committee also voted on a support letter for the Clark County Trauma Assessment Review.

Mr. Kingsley commented that it was great to have both those presentation and to see SNIPP actively say "How can we help you disseminate these prevention measures within the community". A very productive meeting.

### **C. Renewal of Authorization of Sunrise Hospital and Medical Center as a Level II Trauma Center**

Sunrise Hospital and Medical Center submitted their application for renewal of authorization as a Level II Trauma center. Mr. Kingsley informed the Board that Sunrise Hospital and Medical Center have met all the requirements for renewal of authorization and the SNHD

Office of Emergency Medical Services and Trauma System (OEMSTS) staff recommends approval of their application.

*Chairman Fildes made the motion to approve the renewal of authorization of Sunrise Hospital and Medical Center as a Level II Trauma Center. Seconded by Member Dokken and passed unanimously.*

D. Review/Discuss Trauma Field Triage Criteria Data Report for 1<sup>st</sup> Quarter 2019

Mr. Kingsley reported the following trauma transport data for 1<sup>st</sup> quarter 2019:

Total Trauma Transports = 3092 (2858 adult; 234 pediatric)

- UMC: 2104; (1894 adult; 210 pediatric)
- Sunrise: 775; (755 adult; 20 pediatric)
- St. Rose Siena: 213; (209 adult; 4 pediatric)
- Out of area transports: 9%

Ms. Palmer stated that this board asked staff to pull the last 2 quarters of 2018 out of area cases to review. She advised that they have that information and will be taking it the EMS QI Committee to review which will happen in August. She will then bring the results of that meeting to RTABs next regularly scheduled meeting in October.

Mr. Kingsley reported the following Clark County trauma centers disposition by category percentage totals for 1<sup>st</sup> quarter 2019:

- Physiological: 3%
- Anatomical: 6%
- Mechanism: 35%
- Considerations: 55%

*A motion was made by Member Trummel to accept the Trauma Field Triage Criteria data reports for 1<sup>st</sup> quarter 2019, seconded by Chairman Fildes and passed unanimously.*

E. Review of Clark County Needs Assessment Version 2.0

Mr. Kingsley reported that the initial 2018 Clark County Trauma Needs Assessment Review was discussed and evaluated by the RTAB and community stakeholders in previous meetings and it was decided that changes and corrections were needed. He added that those changes and corrections are reflected in this version 2.0.

- I. Trauma Needs Assessment Tool: Clark County – Mr. Kingsley explained that this general tool is used for system review to assist with the authorization of new trauma centers.
- II. Population Data – Mr. Kingsley stated that this section contains Clark County projected population and historical population using zip code maps.

Chairman Fildes asked for more information on the source for these numbers.

Brandon Delise explained that The Center for Business and Economic Research at UNLV is one of the main groups that oversee population forecasts. They are heavily involved in the population forecasts and work hand in hand with the Clark County Department of Comprehensive Planning Data.

Dr. Fisher questioned the difference between growth and absolute growth.

Mr. Kingsley explained that absolute growth is actual numbers and growth refers to percentage of change.

III. SNHD's Trauma Field Triage Criteria (TFTC) Data

- a. TFTC Incident Totals - Mr. Kingsley explained that this section goes over the total number of TFTC incidents by steps and by trauma centers.

- b. Transport Times - This section breaks down median transport times in minutes, step, trauma center levels and includes heat maps. The heat maps displayed are based on >15 minutes, >20 minutes, and >25 minutes for step 1 and step 2 patients for 2018 and step 3 and step 4 patients from 2015 through 2018.
- c. TFTC Regional Incidents – This includes a 5-regional map that is divided into NW, SW, NE, SE, and Metro areas and shows the TFTC incident totals by each region.
- d. TFTC Incidents within 5-mile hospital radius – Mr. Kingsley stated that at a previous meeting he was asked to lay down existing centers with a 5-mile radius and then lay down individual applicant centers with a 5-mile radius and see where most of these patients originate as a point of clarity.

Ms. Bond questioned the 15-minute time factor for step 3 and step 4 patients. Those are transports where there should never be a safety issue since there is no need to speed, drive erratically, or to use their lights or sirens.

Mr. Palmer stated that would depend on how stable the patient is and how far away you are from a hospital.

Mr. Kingsley added that it would be at the discretion of the medical service representative to decide on what is best for their patient.

Ms. Bond questioned when it was required for a step 4 patient to be transported to a trauma center and asked if that was based on the national standard.

Mr. Kingsley stated the protocol change was voted on in August of 2018 and went into effect in November 2018.

Mr. Simone stated that from an EMS standpoint this was a very grey area and they wanted a more definitive answer.

Mr. Kingsley added understanding that the CDC gives us these guidelines and from there they determine best practices for the community.

Mr. Colvin questioned if times would improve if the step 3 and step 4 patients were transported with lights and sirens.

Dr. Young stated that this has been studied in terms of traffic, and weather conditions and it doesn't save a lot of time and it does place the crew in an increased risk. He added that there is no hard-fast rule that says step 3 and step 4 patients get transported with no lights and sirens.

Mr. Simone added that it is all based on the patients condition not the step.

Ms. Bond asked for an example on how a step 4 patient can be as ill as a step 1.

Ms. Dokken explained that as a level III trauma center, they see a lot of blunt trauma. Blunt trauma can be very illusive clinically. The patient can be physiologically stable and have a fractured spleen and when they arrive at the hospital, they are bleeding out and they need to implement their massive transfusion protocol. It's timing, its clinical presentation, its complex on what is happening with a patient.

Ms. Bond questioned why EMS would call that a level 3 on transport.

Ms. Dokken stated that they fit the level III transport destination criteria, because of the way the patient was presenting at the time and the mechanism. She emphasized that being a step 4 patient doesn't mean that they are not sick. The difference being when you come to a trauma center no matter what level you are, you get a fast pass, trauma team activation is called and that work-up is expedited. That is why you are a trauma center, you have protocols in place.

Chairman Fildes added that the reason that step 1 is physiologic is because enormous data sets have selected out factors that are associated with death and those are the strongest factors. Step 2 is anatomic for the same reason, those are visible injuries that are associated with high energy mechanisms. Step 3 is associated with mechanisms that are significant but survivable. As you drop these steps, the chance of mortality drops dramatically as well. When you get step 4 the

chance of death drops, it is not zero, because these are low energy mechanisms and their special populations with special considerations. The CDC convened with all state public health authorities and felt that in the inclusive trauma system step 4 patients could be seen at a trauma center or they could be seen at emergency departments capable of evaluating patients with these levels of injuries, knowing that once they were in a facility that could care for them they would either receive their care or they would be transferred expeditiously to the next level of care.

Ms. Bond asked why an emergency department (ED) would be unable to treat and diagnose a step 4 patient.

Dr. Young stated that you could take a step 1 very sick unstable patient and bring them to an ED non-trauma center. He added that this happens all the time because people walk in the door very sick and injured. The role of that facility is to assess, stabilize and transfer the patient up the echelon of care. They would be able to take care of them, but could they definitively manage them, maybe not and that would be the point to stabilize them and then transfer them up to the higher level of care.

Mr. Frye added that the emergency department might not have the physician coverage that the patient might need.

Dr. Young stated that it might not be just the physician but the overall set of resources available to them at that time. He explained that is where this role of different levels comes into play.

Dr. Fisher stated that some non-trauma centers will not have physicians outside the ED physicians that will treat trauma patient so they may refuse to admit a patient with trauma. Dr. Young agreed.

- IV. State Trauma Registry – Mr. Kingsley stated that this data is pulled from the Nevada State Trauma registry and advised that concerns have been raised about this data.
- a. Incidents of patients meeting trauma criteria for the appropriate step level increasing at a non-trauma hospital
  - b. Number of severely injured trauma patients treated at a non-trauma center
  - c. Transfers into Southern Nevada trauma centers from non-trauma centers
  - d. Trauma registry patients living outside of Clark County

Ms. Dokken remarked that they need to dig down deeper because this data includes transfers in and didn't think they could call it tourist data at this point.

Mr. Kingsley stated that this information was requested by one of the council members and felt it important to include.

- V. RTAB Sub-Committee Report
- a. Trauma Medical Audit Committee (TMAC)
  - b. Southern Nevada Injury Prevention Partnership (SNIPP)

Mr. Kingsley referred to the 2 supporting letters that will part of the Clark County Trauma Needs Assessment Review and then read the OEMSTS Statement of Trauma Assessment.

It is the opinion of the Office of Emergency Medical Services & Trauma System that the current Trauma System, comprised of EMS, Emergency Departments & Trauma Centers, is currently operating efficiently and within capacity, demonstrated through the 2018 Clark County Trauma Needs Assessment Review. Foremost is the wellbeing of our community and individual patients. Current data analyzed over a five-year trend supports future system expansion. OEMSTS recommends controlled and appropriate growth of the trauma system for continued sustainability and improved outcomes for patients.

Ms. Colvin felt that the report was very helpful and brought to light some issues she didn't realize previously. Looking at the transportation access she questioned if they have spoken with the public works department at Clark County to find out the planned transportation and improvements. She felt it would be helpful to coordinate with them to see how to improve modifications especially in the strip resort corridor.

Mr. Kingsley stated that he does participate with NDOT but could reach out and take this report to the public works department.

Ms. Colvin stated that she will reach out to the director at Clark County and try and get that meeting facilitated.

Chairman Fildes congratulated staff for responding well to all the requests to evolve the data and make it clear and easier to understand. He asked the board if they had any questions or comments.

Ms. Dokken stated her only recommendation is digging deeper into the tourist data.

Chairman Fildes asked if staff would be comfortable adding addendums to the report.

Mr. Kingsley stated that he didn't see an issue. He proposed a small study where they can go in and try to discover all the factors and flush out that information on who is a tourist.

Ms. Colvin stated that she would like to see the heat maps after the impact of those expected transportation improvements or maybe even a footnote in the report that it does not include that there are transportation projects planned and those heat maps and hotspots do not contemplate the impact of those improvements.

Dr. Fisher stated that information would show up in future needs assessment reports.

Ms. Dokken felt that a footnote acknowledging transportation project would be fine.

There was considerable discussion regarding the 5-mile radius around the 5 applicant hospitals and not all the hospitals. Chairman Fildes explained that it was a modeling tool. The reason was service areas had not been defined so everybody in their best intent described areas that sometimes reached into states. In order to be relevant to the populated portion of the Las Vegas valley, a 5-mile disc is used as a sample size to see how many patients live in that disc or how much overlap that disc has to another disc. He suggested adding text that states this is a sampling tool that should be applied to all hospitals in the future.

Ms. Bond stated that the coalition feels that the level 4 data is conflating and messing up the trends and the numbers and felt it is harming the analysis of what the true trauma situation is in the valley and that we would like some sort caveat about that in the report.

Chairman Fildes commented that for 3 years they have been moving forward with a body of work which is in its most sophisticated form in this report and they are really at the 90/100 point where the report is 90% done but to make it 10% better would be 100% more time and wasn't sure they have 3 more years. With these caveats in place, the question is whether they could accept the report and understand that it is going to need to be evolved and repeated on an annual basis and that it will be used as a decision-making tool going forward. He added that they are the Regional Trauma Advisory Board, and their job is to advise. They have done over 3 years of work and they have over 150 years of true experience in caring for injured patients and the systems that support the care of injured patients. He felt they should probably synthesize this information into something which is the data driven truthful and generalized and would suggest regions or areas that should begin the process of planning for future trauma center presence. He stated that he has no intention of getting down to facility information or suggesting facility choices

Ms. Bond stated that there should be other opportunities for public comment if there is going to be a recommendation coming out of the board.

Chairman Fildes stated that the RTAB has worked for 3 years to get to this point on this report. RTAB should have this period of public comment over the next few weeks or month to submit to office in writing changes and additions that they would like to appear in the document. In the meanwhile, you have an obligation to share some of this with the BOH, but they could reconvene in September at which time at point we have to accept or reject this report as written by vote. He would want to complete a general advisory from this group on what we think this means and what would be a reasonable way to move forward. Simply to inform decision makers use of this information.

Mr. Bottorf questioned if the report will read as it does now in September and then the board will discuss all the recommendations before it is changed.

Mr. Kingsley stated that there will be no substantial changes to the report besides the caveats that were suggested at this meeting.

Ms. Bond stated that she would like their coalition to have a chance to talk about whether the 15-minute transport time should be a caveat and voiced concern that they won't have a chance to alter the report.

Mr. Hammond stated that data is the data and they are reporting the data.

Mr. Kingsley stated he would be happy to discuss this with the coalition.

Chairman Fildes stated that to Mr. Hammonds point, that discussion falls to the advisory position. They've done their best to collect the data, they've done their best to analyze it to depict it, they've made changes that they've requested, and it is substantially 90+% along the line of what they thought it should be. At some point we will accept or reject the work of this office. However, in our advisory position, topics like your concern with step 4 and mandatory transport to trauma centers should be discussed and described. He gave examples of doings that he would like in the advisory position. This community has always embraced an inclusive trauma system model where every acute care hospital participates to the extent of the resources allowed. Where every hospital in the system sees patients with injuries but not every hospital is a trauma center. Getting the right patient, the right care the right time is our goal. Support continuation of an architecture inclusive trauma system. Support consideration of tiered response. It would be a majority opinion and it would also be room for dissent, and you can also list the dissenting opinions in an advisory position.

Ms. Bond asked if it was possible to get this done in August, so people have time to review it.

Chairman Fildes stated that the hope was the comments would be based on what was seen at this meeting. You develop your comments and get them in, and they will incorporate those. If there was a week lead time before the next meeting that would alleviate some of the discomfort. He asked everybody to please take the report home, work with you're the people you represent. If you have comments or additions or concerns, please get them in writing and get them back to the office within 2 weeks. That will give you an opportunity within another couple of weeks to get to what if version 2.1 and then if we could see version 2.1 at least a week before the September meeting then we will be charged with 2 tasks in the September meeting. 1. Accept or reject based on evidence and 2 is develop a very board advisory position from the RTAB.

#### **IV. INFORMATIONAL 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 Provider of Advanced Emergency Care

Mr. Johnson stated there were no items to report.

C. Report from General Public Representative

Mr. Bottorf stated there were not items to report.

D. Report from Non-Trauma Center Hospital Representative

Mr. Frye stated there were no items to report.

E. Report from Rehabilitation Representative

No report

F. Report from Health Education & Injury Prevention Services Representative

Ms. Trummel reported on the following:

- UMC will be hosting the Pediatric Trauma & Burn Conference at the Texas Station on July 24, 2019. She advised that staff will be emailing out the information to the board.
- Back to School, August 5<sup>th</sup> through the 9<sup>th</sup>
- UMC Children's Family Wellness Fair on the 21<sup>st</sup> of September in the parking lot at UMC
- Falls Prevention Awareness week is happening Sept 16 -22<sup>nd</sup>. The Nevada Goes Falls Free Coalition will be doing screening events and classes around the valley.

G. Report from Legislative/Advocacy Representative

Ms. Breen reported on the following:

- Zero Fatalities for Children will be held at the Boulevard Mall on August 7, 2019
- UNLV is hosting a teen driver education day on Wednesday, July 24, 2019
- Starting October 1, 2019, a moped helmet goes into effect.
- To qualify for incentive money changes were made to the law that governs interlock.
- The Trauma System Advocacy Committee will be convening shortly to start working on the next legislative session.

H. Report from Public Relations/Media Representative

Ms. Cohen stated there were no items to report.

I. Report from Payer of Medical Benefits

Ms. Bond stated there were no items to report.

J. Report from System Finance/Funding

Ms. Colvin stated there were no items to report.

**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 Fildes asked if anyone wished to address the Board.

Margot Chappel from the Division of Public and Behavioral Health and the Department of Health and Human Services thanked all the hospitals that they met with last week and that they are looking forward with the development of the State Regulations regarding their role in this process.

Dr. Fisher introduced Georgi Collins as the interim Trauma Program Manager. He advised that they will be currently looking for a new trauma program manager and hope to have that position filled in the next couple of months.

Chairman Fildes asked if anyone else 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 Fildes adjourned the meeting at 3:09 pm.*