



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

October 16, 2019 - 1:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chair, UMC	Lisa Rogge, RN, University Medical Center
Kim Dokken, RN, St. Rose Siena Hospital	Frank Simone, Paramedic, Public EMS Provider
Chris Fisher, MD, Sunrise Hospital	Abby LeDuff, RN, Sunrise Hospital
Matt Frye, Administrator, Non-Trauma Hospital (Alt.)	Amy Henley, Rehabilitation Services
Jessica Colvin, System Finance/Funding	Cassandra Trummel, RN, Health Education
Danita Cohen, Public Relations/Advocacy	Carl Bottorf, General Public
Maya Holmes, Payers of Medical Benefits	
Gerry Julian, Paramedic, Private EMS Provider (Alt., via phone)	

MEMBERS ABSENT

Mike Barnum, MD, MAB Chairman	Sean Dort, MD, St. Rose Siena Hospital
Erin Breen, Legislative/Advocacy	

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director	John Hammond, EMSTS Manager
Chad Kingsley, Regional Trauma Coordinator	Michael Johnson, PhD, Dir. of Community Health
Laura Palmer, EMSTS Supervisor	Annette Bradley, General Counsel
Heather Anderson-Fintak, Associate General Counsel	Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Stacy Johnson, MountainView Hospital	Georgi Collins, HCA
Stacie Sasso, HSC	Kim Cerasoli, UMC
Heidi Nolan, Nellis 99 MDG	Victoria Ables, USAF/UMC Fellow
Dan Musgrove, Valley Health System	Douglas Fraser, MD, UMC
Scott Kerbs, UMC	Gail Yedinak, UMC
Sharon Smith, AirMed	Kim Hough, AirMed
Dan Shinn, HCA	Christine Tutay, Sunrise Hospital
Scott Jones, 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 October 16, 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.

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 else wished to address the Board. 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: 09/17/2019

Chairman Fildes asked for approval of the minutes from the September 17, 2019 meeting. A motion was made by Member Trummel, seconded by Member Henley and passed unanimously to approve the minutes.

III. CHIEF HEALTH OFFICER REPORT:

Dr. Johnson reported that there are 3 outbreaks that the Health District is managing.

- Lung injury related to e-cigarettes and vaping nicotine liquid as well as THC liquid. He added that each Thursday they have update calls with the CDC and FDA. As of last Thursday, there have been 1299 cases in 49 states and the US Virgin Islands with 26 deaths in 21 states. Most patients are male, the median age is 24 and most of them report vaping THC liquid although several have also reported vaping nicotine liquid. Here in Clark County, they have 4 confirmed cases now with 3 over the age of 18. He reported that there really hasn't been a specific causal agent, or a specific chemical identified yet by the CDC or by FDA although there are several chemicals in the makeup of nicotine liquid and THC liquid. There is some more in-depth investigation going on looking at vitamin E acetate as a cutting agent, thickening agent that is used in THC which is heated to a high temperature to a vapor inhaled that turns to oil in the lungs. He stated that many of the dispensary's and certainly the e-cigarette vaping community have come out strong saying that these are all caused by black market devices, but it doesn't appear to be isolated just to black market products, although those do seem to be implicated in some of these cases.
- West Nile- Clark County has had a big year also for West Nile Virus cases. There have been 43 reported West Nile Virus cases this year and 1 death as a result. Mosquito season is beginning to wind down across the county but here in Nevada it can continue for a couple more months.
- Hepatitis A- The 3rd outbreak that the Health District is managing is Hepatitis A and to date they have had 95 cases associated with the outbreak with 1 death. Most of those cases have been either homeless, incarcerated or drug users. Those are the predominate population.

Dr. Fisher stated that e-cigarettes have been out for some 5 to 6 years and questioned if the lung issues are a result of 5 years of use or just a difference in the manufacturing.

Dr. Johnson stated that question has been raised on the Thursday conference calls. Most of the patients across the county have reported long standing e-cigarette use which could be a factor. The belief now is it is a chemical burn to the lungs so they are looking at what might the causal agent for that burn. He added that there are several factors that they are looking at with a lot of interesting questions that are yet to be answered.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss RTAB Bylaws

Mr. Kingsley referred to Article XIII of the RTAB bylaws stating that all changes to the bylaws are made under the sole discretion of the OEMSTS Manager or his/her designee. He then referred to Article VI and noted the amendments made to read: The officers of the RTAB shall be the Chair and Vice-Chair. The officers will be elected from the *standing* members in good standing to serve a two-year term from [~~July~~] *January 1* through [~~June 30~~] *December 31* of the second year. The Vice-Chair will automatically be placed in nomination for the position of Chair at the end of his/her two-year term.

Ms. Holmes voiced concern over limiting the requirement for chair and vice-chair to standing members only.

Chairman Fildes felt that changing the start date was an efficient amendment and added if there was a desire to have an ongoing discussion about standing membership as a requirement for consideration, that could be done at later meetings.

Chairman Fildes asked for a motion to accept the amended start date from January 1 to December 31 of the second year and to table the standing member requirement for a later discussion. A motion was made by Member Trummel, seconded by Member Rogge and passed unanimously.

B. Discussion of Election for Chair and Vice-Chair of Regional Trauma Advisory Board to Begin January 2020

Mr. Kingsley stated that the current chair and vice chair positions are coming to an end with this meeting. He asked for the board to submit their nominations for those elections at the January meeting and then the chair and vice chair will take the chair at that time.

C. Discussion of Out-Of-Area Transports

Ms. Palmer stated that at the request of the RTAB, she reviewed the 3rd and 4th quarter 2018 out of area trauma transports which totaled 626. She referred to the handout which gave a breakdown of those calls.

Ms. Palmer reported that the top 3 out-of-area (OOA) transports were:

Closer in Time/Distance/Traffic	143	(22.8%)
Patient Request	118	(18.8%)
Crew Error	142	(22.7%)

She explained that these OOA transports were discussed with the EMS agencies which lead to education for their employees. She briefly summarized some of her findings for the OOA. They found multiple patient motor vehicle accidents where patients were triaged to different hospitals and crews went out of catchment to stay with family members. Metro and CCFD employees who automatically go to UMC per their own agency policy. Crew judgement where they knew that the patient needed specialty and they took them to the appropriate trauma center. She added that there were several issues where calls were coded wrong.

Ms. Dokken voiced concern over the 74 cases of calls coded wrong. Ms. Palmer stated that she has reached out to those trauma centers and they are working on both sides to fix this

problem.

There was considerable discussion about all the different platforms used by EMS. Mr. Simone explained that all software products being used must be Nemsis compliant which has a custom data field built in the software.

Ms. Dokken felt that they should add a field to the TMAC report to measure if EMS is filling out that TFTC bullet. The board agreed.

Ms. Dokken noted that the OOA is still above 5% and it was agreed that anytime OOA is 5% or greater they are supposed to investigate all those cases.

Ms. Palmer stated that since construction is now over, they will automatically audit.

D. Trauma Field Triage Criteria Data Report for 2nd Quarter 2019

Mr. Kingsley reported on the trauma transport data for 2nd quarter 2019. He also discussed how the reports don't accurately represent the over and under triage. He added that the formula to calculate the over triage is to count how many patients arriving in the ED were trauma activations but didn't meet any criteria but because of the uniqueness of our system it is not a correct over triage percentage. Under triage refers to the situation where a patient who meets criteria for a trauma activation does not get one. He added that they can better evaluate under triage and will be bringing that data from the State Trauma Registry back to the TMAC for review.

Chairman Fildes asked staff to continue working on some way to express over and under triage. He referred to the trauma transport data report and noted that total discharges for 2nd quarter 2019 is at 60% and the death is at 1% which are both down. There may be times where discharges rise to 80% and then you will have to look at whether the resources of EMS are being used appropriately if 80% of patients are being discharged within hours of arrival. He felt bell curves that show where the means and medians should be and standard deviations for performance should be considered within the standard of care in other metropolitan areas. He felt they should aspire to compare themselves to those operated at similar characteristics. He added in order to capture those patients who navigated outside the EMS system you will have to tie this to the coroner's data.

Mr. Kingsley stated that for under triage, ACS gives 2 criteria. The first is 5% for out-of-area which is determined by the number of transfers. He advised the board that they do have that data from the trauma registry and he roughly calculated that patients who arrived at a non-trauma center and were then transferred to a trauma center was at 4% last year. He added that this will be another performance measure for future reports. The 2nd criterion is 1% for deaths in non-trauma centers and stated that the TMAC reviews all deaths at non-trauma centers. He advised that regarding under triage our system is performing well and can report that patients are getting to the right place at the right time.

Ms. Holmes questioned the significant difference between the discharge and admission rates between UMC, Sunrise, and St. Rose Siena.

Ms. Dokken stated that it is volume related. St. Rose Siena's volumes are way lower than UMC volumes. As a Level III trauma center, they only receive step 3 and 4 patients so their discharge rates will always be much higher.

Mr. Kingsley explained that their system is unique in the sense that the Level III only receives step 3 and 4 patients where the step 1 and 2 patients are transported to Sunrise. ACS guidelines for any of those that discharge, and transfer is not applicable just because how our catchment areas are set up. Most of the rest of the national community a Level III hospital will see step 1, 2, 3 and 4 patients.

Ms. Dokken stated that as a Level III trauma center, even though in this system receive step 3s and 4s only, they are required to be able to receive step 1, 2, 3, and 4 patients and can do that.

Ms. Holmes stated that it was her understanding that Level IIIs would receive them, stabilize them and then potentially transferred to a higher level of care.

Ms. Dokken stated that they keep them all.

Ms. Holmes referred to the UMC Trauma Disposition by Category report. She brought up the fact that for special considerations there was a total of 1,132 with 68.6% of that number getting discharged.

Mr. Kingsley answered in the affirmative stating that 68.6% of that 1,132 are being discharged. He related that in 2011 when special considerations were debated by the CDC, they added the special considerations knowing that they would probably only capture about 15% to 20% of those patients that would need to be admitted. He added the rest would be discharged and that is where ACS focused on doing over triage compared to under triage in the sense that they would rather capture that 20% of patients that do need to be admitted understanding that 68% are going to be discharged. That is the clinical standpoint that ACS took.

Chairman Fildes added that in general, Level III trauma centers serviced small communities throughout the US. The capability capacity of the hospitals that serve their communities is so important, but they are not expected to achieve the capability and capacity of Level I and II centers. Level I and II centers must have equal capacity to treat patients. In a dense urban environment, Level I and II trauma centers are a more common model. In a dense urban environment that has a roll off into what becomes suburban and rural you may have surrounding Level IIIs filling the role and that is how Clark County Modeled itself.

Mr. Kingsley referred to the TFTC transports from 2010-2019 and stated that it reflects that this year they are on track. Just recognize that 2019 will be the first year that step 4s were required to transport to a trauma center.

E. Review/Discuss Advisory Position of the Reginal Trauma Advisory Board

Chairman Fildes stated that earnest effort was made to look through minutes and recall deliberations of consensus throughout the process. Particularly in areas where the data supported the finding and then to provide a rationale that could be easily understood by people that are not engrained with the trauma system. I would just like to thank everybody because there were many people who gave language changes and especially to Mr. Kingsley who sat and wove all this together. All of you who submitted language changes will see your words and read your words in these elements. The recommendations are quite straight forward, and he preceded to review the Advisory Position.

Dr. Fisher felt the way the language reads in Item 12a “One at a time, but not more than one in each of the three quadrants” was confusing.

Ms. Trummel suggested wording the sentence to read: “Ideally, adding one at a time, but not more than one in each of the three quadrants”. The board agreed.

Mr. Frye commented on the sentence in the rationale of Item 9 where it states, “The trauma volumes in the NE, SW, and NW are similar”. He referred to page 42 in the 2018 Clark County Needs Assessment report where it shows that the NE was 1, 510, SW was 1,046, and the NW was 1,998.

Chairman Fildes suggested taking out the sentence stating the trauma volumes are similar. The board agreed.

Ms. Holmes stated that she had a few suggestions on a few of the bullets and felt they weren’t significant changes but would be helpful for clarity for the public and the Board of Health (BOH) members.

Chairman Fildes referred to Ms. Holmes handout. The board reviewed and discussed all the changes and decided whether to accept the change by signifying Yes or No to not make that change.

Introductory paragraph	added “the chair of the Medical Advisory Board” - Yes
#3 Rationale	added “but the majority of the increase is from Step 4 patients - No
#6 Rationale	striking “providing” and “resources” / added “and thorough evaluation and initial management of potentially serious injuries” – Yes
#6 (1.) Rationale	added “An increase in trauma transport volumes mostly attributable to Step 4 patients” – No
#7 Rationale	striking “Within the Clark County trauma system” - Yes changed Step 1 and 2 to Step 1-4 - Yes added “for the highest-level activation” in two areas – Yes
#9 Recommendation	added “Based on current data in the Heat Maps” & “in the following order” – No
#9 Rationale	added “Page 42 shows the most significant increase is amount Step 4 patients” – No
#10 (c.) Recommendation	striking “or is projected to exist within five to ten years. - No
#10 (d.) Recommendation	adding “inclusive” - Yes
#10 (d.) Recommendation	adding “which includes trauma and non-trauma hospitals” – No
#5 Rationale	added “these are the characteristics of an inclusive trauma system” – Yes

Chairman Fildes asked for a motion to accept the changes as outlined. Motion made by Member Fisher, seconded by Member Rogge and passed unanimously.

Chairman Fildes asked for a motion that the body of this Regional Trauma Advisory Board are accepting this Advisory Position and its recommendations to the Southern Nevada Health District. Motion made by Member Fisher, seconded by Member Dokken and passed unanimously.

Chairman Fildes advised the board that they will accept minority opinions and they should be presented in writing to the OEMSTS.

V. INFORMATIONAL ITEMS / DISCUSSION ONLY

Mr. Kingsley informed the board that the draft regulations have been developed by the State regarding the management of the trauma center designation process. He stated that he will have his office send an email which will include a link to the draft regulations and a link to a survey if you would like to provide comments. You have until October 31, 2019 to submit that survey. Mr. Kingsley added that he will begin work on drafting their regulations with plans on bringing them to the January meeting.

Chairman Fildes urged anyone to please study them carefully and to reply and participate in the process. It is very important that these are done right.

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 commented that he came across a patient yesterday who was a trauma victim in 2018. He added that this 18-year-old is alive today because of the work of many of you in this room and the system that has been developed. He stated that sitting through these meetings has been an education process, and when you see the results of your work, it is impressive.

D. Report from Non-Trauma Center Hospital Representative

Mr. Frye stated there were no items to report.

E. Report from Rehabilitation Representative

Ms. Henley stated there were no items to report.

F. Report from Health Education & Injury Prevention Services Representative

Ms. Trummel stated there were no items to report.

G. Report from Legislative/Advocacy Representative

No report

H. Report from Public Relations/Media Representative

Ms. Cohen stated there were no items to report.

I. Report from Payer of Medical Benefits

Ms. Holmes stated there were no items to report.

J. Report from System Finance/Funding

Ms. Colvin stated there were no items to report.

VI. 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. Seeing no one, he closed the Public Comment portion of the meeting.

VII. ADJOURNMENT

There being no further business to come before the Board, *Chairman Fildes adjourned the meeting at 3:00 pm.*