Draft Minutes of Meeting – Subject to Change Upon Approval by the Regional Trauma Advisory Board at their next regularly scheduled meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

July 29, 2020 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, Chair, St. Rose Siena Hospital
Douglas Fraser, MD, University Medical Center
Chris Fisher, MD, Sunrise Hospital
Erin Breen, Legislative/Advocacy
Sajit Pullarkat, Administrator, Non-Trauma Hospital
Scott Kerb, Public Relations/Advocacy (Alt.)
Maya Holmes, Payers of Medical Benefits
Kim Dokken, RN, St. Rose Siena Hospital
Lisa Rogge, RN, University Medical Center
Abby LeDuff, RN, Sunrise Hospital
Carl Bottorf, General Public
Mary Martinat, Health Education (Alt.)
Frank Simone, Paramedic, Public EMS Provider

MEMBERS ABSENT

Mike Barnum, MD, MAB Chairman
Jessica Colvin, System Finance
Amy Henley, Rehabilitation Services

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Brett Olbur, Dignity
Nicholas Mumford, UMC
Georgi Collins, HCA
Catherine O'Mara
Dan Shinn, HCA
Stacy Johnson, Mountain View Hospital
Jennifer Atlas
Call User x2

CALL TO ORDER – ROLL CALL

Chairman Dort called the Regional Trauma Advisory Board (RTAB) to order at 2:34 p.m. All Committee Members joined the meeting by teleconference and the roll call was administered by Chad Kingsley, Regional Trauma Coordinator and he noted that a quorum was present.

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I. FIRST 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 else wished to address the Board. 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: 01/15/2020

Chairman Dort asked for approval of the minutes from the January 15, 2020 meeting. *A motion was made by Member Dokken, seconded by Member Rogge and passed unanimously to approve the minutes.*

III. CHIEF HEALTH OFFICER REPORT:

Dr. Johnson gave an update on Covid-19 stating they continue to see an increasing number of positive cases over the last several weeks. He attributed the rise to increased community testing; community transmissions due to large gathering and major events going back to Memorial Day weekend; and delays in lab reporting. He added that they have seen a gradual increase in hospitalizations but as far as available beds, ventilators, and ICU beds, those continue to remain stable. He reported that they are also working very aggressively to not only increase their testing capacity but also their contact tracing and case investigation capacity. He advised that they have been very shorthanded, but his staff has done an incredible job managing this day to day for the past 5 months. There is a contract with a call center locally who has worked with others on their backlogs that will bring on about 100 case investigators/contract tracers. The state will be bringing on additional contact tracers as well. UNLV is also working on trickling 100 contact tracers to also help with their efforts. In addition to that we have a large grant that we received from the state in the amount of 54 million dollars that will help increase their lab capacity and their epidemiology capacity and allow them to bring on for a limited term for 30 months an additional 83 investigators. He stated that if anybody had any specific questions to contact him.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: RTAB Member Nominating Committee

Chairman Dort stated that the RTAB Member Nominating Committee met prior to review the applications received and to make their recommendations to the RTAB. He advised the board that these appointees will serve a two-year term through June 30, 2022 except for the Private Franchised Provider of Advanced Emergency Care who will complete the term through June 30, 2021. He then directed Mr. Kingsley to state the results of the deliberations.

Mr. Kingsley reported the following:

General Public representative: Carl Bottorf
Health Education and Prevention Services: Cassie Trummel
Legislative Issues/Advocacy: Erin Breen
Payers of Medical Benefits for Victims of Trauma: Maya Holmes
Public Relations/Media: Danita Cohen

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Private Franchised Provider of Advanced Emergency Care: Sam Scheller

Chairman Dort asked for a motion to approve the nominations made by the RTAB Member Nominating Committee. *Member Fraser made a motion to support those nominations. Seconded by Member Dokken and carried unanimously.*

B. Discussion on Current Status of the Trauma System

- 2019 NV Annual Trauma Registry Report

  Mr. Kingsley noted that the State of Nevada has published their 2019 Annual Trauma Registry Report. He asked the board to review the document and he will place it on next month's agenda for discussion.

- Clark County Trauma Needs Assessment Review

  Mr. Kingsley stated that due to the constraints of the pandemic, progress on the Clark County Trauma Needs Assessment Review has been delayed. He added that they will begin working on this and hopefully by October they should have a draft form to review at the RTAB.

- COVID19

  Mr. Kingsley stated that Dr. Johnson provided most of the information for Covid-19. He added that he wanted to thank many of the EMS Agencies for their help in performing many of the collection samples for testing.

- ACS Reviews

  Mr. Kingsley noted that the American College of Surgeons was granting one-year extensions for hospitals to extend the standard three-year verification to a four-year verification. This affected both Sunrise and St. Rose. He added that ACS is doing a pilot program where they are going to do virtual visits for site verifications.

  Ms. Dokken stated that ACS is asking certain trauma centers to participate in this pilot program, and they are still working through the process on how that virtual review will occur.

C. Discussion of Medical Advisory Board (MAB) Recommended Changes to the Hemorrhage Control Protocol

Ms. Palmer stated that last February the MAB asked their Drug Device Protocol (DDP) Committee to review the Hemorrhage Control Protocol. She added that with the education on the Stop the Bleed campaign they noticed a big gap in junctional packing. The changes they asked them to make is:

1. Change the name of the protocol because right now it is Hemorrhage Control/Tourniquet, so it will now be Hemorrhage Control.
2. Add a section titled "Junctional Hemorrhage" to include verbiage that reads, "Use direct pressure and an appropriate pressure dressing with deep wound packing (plain gauze or, if available, hemostatic gauze)."

The protocol was approved unanimously by the DDP and the MAB. Members of the MAB asked that the protocol be referred to the RTAB for any specific information that they would like included in the education and/or if there are any products to avoid.

Dr. Fraser felt the first statement of the protocol was contradictory and suggested changing it to: "Hemorrhage: This procedure may be performed on any patient that has bleeding from an extremity, junctional hemorrhage, or torso hemorrhage" and to remove "that cannot be controlled by direct pressure."
In the second section, "Extremity Hemorrhage", Item D. "Record the time of tourniquet application" is unnecessary as taught in the Stop the Bleed campaign. The tourniquet should

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not be removed, it should not be let down or loosened until you are at the bedside with a physician in a hospital.

In the third section, "Absolute Contraindication", Item C. "Hemostatic gauze use on hemorrhaging abdominal wounds." He felt they could apply direct pressure, but it doesn't necessarily have to be with hemostatic gauze. Using direct pressure on an abdominal wound doesn't stop their injury, they are just going to bleed internally.

Ms. Dokken agreed and questioned why this protocol doesn't include head and scalp which can be a factor in hemorrhaging.

Ms. Palmer stated that head and scalp is covered under their general patient care protocol. This protocol was specifically for tourniquets, so they are changing this protocol to add the junctional wound packing only.

Dr. Fraser agreed with Ms. Dokken but felt if it is already addressed then that is acceptable.

Chairman Dort asked if their suggestions will be taken back to the MAB. Ms. Palmer answered in the affirmative.

D. Committee Report: Southern Nevada Injury Prevention Partnership (SNIPP) (02/10/2020)

Mr. Kingsley provided a brief overview of the meeting. He stated that the committee was unable to elect a chair or vice chair, and it was proposed they re-evaluate the SNIPP committee as a workgroup to meet at minimum on a quarterly basis to discuss what each hospital is doing with injury prevention.

E. Discussion of Restructuring the Southern Nevada Injury Prevention Partnership (SNIPP) and Trauma System Advocacy Committee (TSAC) Meetings

Mr. Kingsley stated that the SNIPP and TSAC meetings are not able to function at best as a public committee. He proposed they suspend or discontinue these committees at this time. He felt the RTAB could designate a workgroup when issues need to be addressed for advocacy, funding, or community campaigns for injury prevention.

Ms. Rogge felt that a workgroup with a focused effort would be a better idea.

Ms. Breen felt that one of things that these committees bring to the table is a way for people who are not directly on the RTAB to participate and she would hate to lose that. She added that one of the problems with SNIPP is that everybody is already doing injury prevention and suggested looking at combining the two meetings.

Mr. Kingsley stated that Jessica Johnson did an amazing job as chairperson for SNIPP, but even then, it was difficult. They felt like they never accomplished anything because they don't have any bite in the game. They are not able to enact anything because they don't have any funding and not able to go after grants. They are just meeting for the sake of meeting.

Ms. LeDuff agreed with Ms. Breen regarding combining the two committees.

Ms. Dokken stated she didn't want their Southern Nevada Trauma System to lose sight of advocacy and prevention. She added that she agreed with the idea of combining the two committees. She felt that they need to continue look at where the injuries are in our system and make sure that they have a community plan for those injuries.

Mr. Kingsley stated that he doesn't want to shut everything down, He is looking for a more efficient way to do this. He asked to form a workgroup and to bring those parties in to come up with pro's and con's and bring their suggestions back at the October meeting.

Chairman Dort asked that it be put on the next agenda.

Mr. Kingsley stated he will organize that meeting and bring that discussion to the table.

F. Trauma Field Triage Criteria Data Report for 3rd Quarter 2019

Mr. Kingsley referred to the TFTC data reports in the board's packet and reported on the trauma

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transport data for 4th quarter 2019 and 1st quarter 2020.

Ms. Dokken questioned how long they will continue to look at the out of area (OOA) before anything is done.

Mr. Kingsley stated that at the last meeting there was considerable discussion and it was decided to continue collecting data for the next year on OOAs to get a trend. He explained that he has started forming a new data set to be able to contact those EMS agencies and get a break down on why they were OOA. That process was started but severely hampered by Covid.

Dr. Fisher agreed with collecting data for the next year. There are a lot of variables that occur for several months at a time that cause a variation in OOA from one quarter to the next. He added that they have to be careful on what they set as a minimum OOA percentage or maximum OOA percentage because the lower percentage you have the more you take the choice out of the EMS hands for local things might be happening on that particular day or that particular week. He agreed with analyzing the data over a year and then seeing what we make of those findings and then judge them at the time.

Mr. Kingsley stated that he will again communicate with the agencies and hopefully bring a status of the breakdown to the October meeting.

V. INFORMATIONAL ITEMS / DISCUSSION ONLY

A. Report from Public Provider of Advanced Emergency Care

Mr. Simone reported that their call volume overall decreased during the height by 25% with the exception for cardiac arrest medical codes that were up by 50% more than last year.

B. Report from Private Provider of Advanced Emergency Care

No report

C. Report from General Public Representative

Mr. Bottorf stated there were no items to report.

D. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated that they are all seeing a lot more of the Covid volumes. They had the initial spike back in mid-April, things slowed down in May and they have picked up since. The hospitals across the entire city are all working hard to handle and accommodate what's coming through. He felt they all learned a lot of lessons from the first go-around, so they are better prepared for it although they are at a heightened state in terms of volumes.

E. Report from Rehabilitation Representative

No report

F. Report from Health Education & Injury Prevention Services Representative

Ms. Martinat stated there were not items to report.

G. Report from Legislative/Advocacy Representative

Ms. Breen reported that the full session starts in February. As far as public safety they are in the works right now with school districts. They are still working on the booster seat law and how to approach primary seat belts. Car crashes were down in March but were up in April, May, and June. The vast majority of those involve speed and alcohol and unfortunately pedestrians.

H. Report from Public Relations/Media Representative

Mr. Kerbs stated there were no items to report.

I. Report from Payer of Medical Benefits

Ms. Holmes stated there were no items to report.

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J. Report from System Finance/Funding

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

VII. ADJOURNMENT

There being no further business to come before the Board, *Chairman Dort adjourned the meeting at 3:31 pm.*

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