MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

October 20, 2021 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, Chair, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital
Lisa Rogge, RN, University Medical Center
Sajit Pullarkat, Administrator, Non-Trauma Hospital
Jessica Colvin, System Finance
Danita Cohen, Public Relations/Advocacy
Maya Holmes, Payers of Medical Benefits
Douglas Fraser, MD, University Medical Center
Kim Dokken, RN, St. Rose Siena Hospital
Abby LeDuff, RN, Sunrise Hospital
Frank Simone, Paramedic, Public EMS Provider
Carl Bottorf, General Public
Amy Henley, Rehabilitation Services
Dina Bailey, Health Education (Alt)

MEMBERS ABSENT

Mike Barnum, MD, MAB Chairman
Erin Breen, Legislative/Advocacy
Sam Scheller, Paramedic, Private EMS Provider

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Theresa Ladd, Administrative Secretary
Christi Kindel, Associate General Counsel
Chad Kingsley, Regional Trauma Coordinator
Fermin Leguen, MD, District Health Officer
Michael Johnson, PhD, Dir. of Community Health
Leo Vega, Facilities

PUBLIC ATTENDANCE

Stephanie Streit , USAF
Georgi Collins, HCA
Stacie Sasso, LVHSC
Rebecca Carmody, CCFD
Scott Kerbs, UMC
Mason VanHouweling, UMC
Katie Ryan, Dignity
John Recicar, USAF
Brett Olbur, Dignity
Jennifer Lopez, R&R Partners
Scott Black, City of NLV
Don Abshier, CCFD
Linda Anderson

CALL TO ORDER

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 20, 2021. Chairman Dort called the Regional Trauma Advisory Board (RTAB) to order at 2:35 p.m. and noted that a quorum was present.

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 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: 08/11/2021

Chairman Dort asked for approval of the minutes from the August 11, 2021 meeting. *A motion was made by Member Fisher, seconded by Member Fraser and passed unanimously to approve the minutes.*

III. **DISTRICT HEALTH OFFICER REPORT:**

Dr. Leguen reported incidents of Covid have been decreasing along with hospitalizations and mortality rates. The positivity rate in Clark County is 6.9% which is below the 8% requirement from the State. He added that at this time his team is preparing for the booster vaccines which they have already been offering and preparing for the Covid vaccines for children which they are waiting for final approval from the CDC. He stated that flu season has started, and they are monitoring that situation.

IV. **REPORT/DISCUSSION/POSSIBLE ACTION**

A. Consider Revisions to the Step 4 Patients in Trauma Field Triage Criteria (TFTC) to Allow Transport to a Non-Trauma Center

Mr. Kingsley stated that at the September 23rd Board of Health (BOH) meeting there was discussion that the RTAB should re-evaluate the Step 4 language in the Trauma Field Triage Criteria.

Mr. Hammond informed the board that previously, the Step 4 language in the TFTC protocol was permissive where the patient could be transported to a trauma center or non-trauma center based on the providers impression. In 2018, it was changed to "The patient must be transported" to a trauma center based on some reported negative outcomes. In order to ensure the best care for their patients, it was decided the best way was to take these patients to a trauma center.

Chairman Dort opened the floor for discussion.

Dr. Fraser pointed out that the risk of injury and death increases after the age of 55 and sometimes lower blood pressures can represent shock in patients over 65, specifically, anticoagulants and bleeding disorders with head injuries that rapidly deteriorate. In his experience at the Level I center; they do receive a significant amount of transfers from non-trauma centers for these patients. These are very low energy mechanisms, but these patients are injured, oftentimes having severe head bleeds, especially if on anticoagulants. By them going to a non-trauma center getting a scan and showing these larger head bleeds that do require Neuro surgical intervention and therefore need to be transferred to a trauma center, which then adds time from injury to treatment of definitive care.

Looking back at their Step 4 transfers-in for the last 6 months they found the following:
431 transfers in from a non-trauma center.
171 of those were 55 years older or greater;
111 of those were those low energy mechanism falls that don't seem that acute.
142 of these were admitted.
27 of them to the ICU.
76 to med surg level for continued observation.
8 of them went straight to the operating room from our trauma Bay.
3 of them expired shortly after admission and
1 went to hospice.
He felt that the patient's best interest is to be focused on getting these patients to the proper level of care sooner.

Dr. Young advised that he was at that BOH meeting and felt that the overall sentiment of the BOH was not understanding this process. He felt that by the end of the discussion, members of the BOH who were either getting feedback from other individual's or probably just a sounding board for those, were concerned and wanted to be more involved in the process. He felt that this board just needs to involve our BOH members as subject matter experts and educate them on this process.

Dr. Fisher stated that their numbers, albeit on a slightly smaller scale, mimic those Dr Frasier presented. The fall has become the number one driver of trauma and these often present what looks like a very minor injury particularly in the elderly patient. Crunching the numbers for the 3 trauma centers, it was roughly 42% of patients get admitted to the hospital. He added that most of those patients that come in Step 4 are not trauma activated, so they don't have the trauma activation costs. Furthermore, the American College of Surgeons (ACS) recommends a certain tolerance of over triage at their trauma centers adding that if you don't have a certain percentage of over triage to your hospital that you are missing some patients that really need to be at a trauma center.

Dr. Fraser stated that he has the most upmost respect for medics but they don't have x-ray vision or all of the information on some of those very low-level mechanism and felt it's an undue burden to put that in their hands and then to have a bad outcome.

Ms. Holmes commented that she would like to see more detailed data and analysis on the Step 4 transports at the individual trauma centers. The trauma system has gone from Step 4 patients representing 14% of the transports to now representing 52% of the transports. She advised that in 2015 there were 847 Step 4 transports and now there is almost 6,400. She felt it is such a dramatic increase that she wants to have a very good understanding of the appropriateness of those transports and what the outcomes are for patients. She stated that she has tremendous respect for the clinical expertise at the table and within the Health District, but the trauma system is a critical and a vital community asset. She appreciated wanting to air on the side of over triage versus under triage but felt the goal of the trauma system is to generally try and find that sort of sweet spot where they are getting the right patients to the right place at the right time. That sweet spot between under and over triage she felt is not an effective cost-efficient system if they are over triaging patients in a dramatic way.

Mr. Kingsley provided clarification of data from the States trauma registry and the Health Districts trauma data. Due to collection criteria of data by the State at non-trauma hospitals, over triage and under triage cannot be calculated for the overall system.

Dr. Fraser commented that some of those transports including transports from a non-trauma center to a trauma center in addition to transports from the field to a trauma center would be better off to go directly to a trauma center to determine if their scan okay versus if you get transported to a non-trauma center, have a positive finding, and then incur additional fees to be transferred to a trauma center. The other comment about under and over triage, people die

when they're under triaged. He felt that the reason why we're all here is to ensure that the best quality for the patient when they're injured and so the acceptable rates of over triage as you mentioned that it could be high. The under-triage rates should be extremely low, so we don't have any bad outcomes with that. He clarified that on the step 4, it is for age, 55 and older it's not encompassing all patients from falls, it is the older population.

Dr. Fisher agreed adding that under triage is strictly judged by ACS. Generally, they considered less than 5% acceptable when they review the trauma centers.

Ms. Colvin questioned the cost to the patient from going to a trauma center to a non-trauma center.

Dr. Fisher stated that at his trauma center most of those Step 4s are not charged trauma activation fees.

Dr. Fraser added that is the same for UMC. The additional costs he mentioned previously would be from the transport in to include hospital charges from the non-trauma center, the company transporting, and then the trauma center charges, which would not be activation or trauma fees. Those are non-activated patients, they are ED evaluation by our emergency providers, and then consults to trauma surgery or neurosurgery as needed.

Dr. Dort felt that this board can make a concerted effort to help with education and communication by the Board of Health's request, but it doesn't sound like there is any appetite to change how their trauma system runs. He thanked everybody for their discussion.

B. Discussion of Election for Chair and Vice-Chair of the Regional Trauma Advisory Board to Begin January 2022

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 by December 10, 2021 for those elections for the January meeting and then the chair and vice chair will take their place at that time.

C. Trauma Field Triage Criteria Data Report for 2nd Quarter 2021

Mr. Kingsley referred to the TFTC data reports in the board's packet and reported on the trauma transport data for 2nd quarter 2021.

Chairman Dort commented that what's noticeable on the Disposition by Category report is the percent of discharges for the special considerations is lower than the discharges for mechanism, and that's true at all 3 hospitals.

Mr. Kingsley noted that out-of-area (OOA) transports have been holding at 11%. He added that the challenge of researching why is that we don't have an efficient manner yet to collect that information from the provider. He advised that he is currently working on plotting where these calls are located on a map to give a reference of where these out of areas are within our current catchment area.

Mr. Hammond added that when they get the map it will give us better information on what is happening. He felt most of these out of areas are border calls.

Chairman Dort asked the board for any questions or comments, hearing none he moved to the next agenda item.

D. Presentation on ASPR Grant

Tabled

E. Trauma Center Presentation from Mike O'Callaghan Federal Hospital

Major Stephanie Streit, MD with Mike O'Callaghan Military Medical Center (MOMMC) stated that she was there on behalf of Corporal Johnson who is the commander of the 99th

Clinical Group to formally request that Mike O'Callaghan be considered for designation as a Level III trauma center. She advised that they have received a letter supporting their designation from Ms. Lisa Sherych from the State of Nevada, Health and Human Services. She laid out her presentation and plans for delivering trauma services to the community. She emphasized that the addition of trauma services would be mutually beneficial to their active duty staff as it further expands their wartime skills and a significant potential to serve the local community. She added that their EMS Medical Director has worked closely with North Las Vegas Fire and they have been accepting ambulances from AMR and MedicWest with non-trauma field triage criteria patients. They have a training MOU that allows their medics to ride on these ambulances, which is increasing their trauma experience and their readiness. She stated that their program has invested in some key civilian assets. They recognize that the mission of the military is not going to change, and that turnover of active duty assets would be a detriment to maintaining a trauma program, so, they have added a 1st of its kind position in the Air Force, our Trauma Program Manager, Mr. John Recicar.
They did have an ACS consultative visit in June of this year. The site visit noted that most of their deficiencies were volume related. They have not been able to demonstrate the full spectrum of their Performance Improvement Patient Safety (PIPS) plan and to demonstrate adequate loop closure as a result of just simply not having the patients. They are hoping that with an increase in volume forthcoming they may be prepared for a verification visit by the end of next year.
Mr. Hammond informed the board that his office has been working with Nellis for the last couple of years to help facilitate this process. The authorization process has changed since the last legislative session, so they had to go to the State first to receive that letter of authorization. Their purpose today is to request your endorsement for them to move forward with their presentation to the BOH most likely in January to be designated, so they can begin to receive trauma patients and show ACS that they can close those loops in the PIPS program.

Chairman Dort questioned if they will allow for private vehicles.

Dr. Streit stated that they are unable to take patients in private vehicles, they have to be on an ambulance. She added that they do have 2 on-base ambulances and always have a paramedic on staff, and they do respond to the immediate geographic vicinity of the installation with their ambulances. Their ambulance currently brings everyone from the installation in the immediate geographic area into their hospital. They are in the process of asking them to mimic the community standards such that if they do have someone who is step 1 or step 2, in the immediate vicinity that they do go ahead and transport to the appropriate trauma center.

Chairman Dort questioned when a discussion of a catchment area

Mr. Hammond stated that would be developed and discussed after everything has been done.

Mr. Kingsley stated that most of the catchment area is UMC, but there would have to be an impact report done and a renewing of the catchment area.

Dr. Fraser commented over a dramatic reduction in patients from one facility and that would have to be something to look at closely because you are adding a new trauma center into an existing trauma system and felt that each of the currently existing trauma centers should be taking a proportion of that percentage of patients.

Ms. Dokken questioned if MOMMC completed a SNHD Application and asked if they have met all the requirements. Mr. Hammond stated that they filled one out in 2018 and that is what the State used as their application.

Chairman Dort asked if there were any other questions. He then asked the board to entertain a motion for the endorsement of the program.

Ms. Dokken voiced concern on the legality of not having their application to review.

Mr. Kingsley suggested adding to the motion "with the understanding that they will sign an agreement to participate in our system as designed".

Member Bottorf stated he will abstain from this vote. He stated he works for a defense health agency and didn't want it to be the appearance of impropriety.

Chairman Dort asked for a motion to endorse Mike O'Callaghan with the understanding that they will sign an agreement to participate in our system as designed.
A motion was made by Member Fisher, seconded by Member LeDuff. The motion passes with 1 abstaining.

Chairman Dort asked if there were any other questions. Hearing none he thanked Dr. Streit for her presentation.

V. REGIONAL TRAUMA COORDINATOR REPORT

A. Trauma System Regulations Update

Mr. Kingsley advised the board that the regulations went through some final updates and to expect the regulation workshops to start in November or early December.

B. Update for EMS & Trauma System

Tabled

VI. 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

No report given

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 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. Bailey reported the following events:

Sunrise Hospital Outreach Events:

- October 29th: Halloween Drive by Trick or Treat Even
- November 1st, 8th, and 15th: Boost em, Buckle em, and Back Seat em event at Faye Herron Elementary with booster seat giveaway on the 8th.
- November 5th: Dusk to Dawn Event
- November 12th: Sunrise Trauma Talks to Teens
- November 19th: Mandatory Child Safety Seat Check-up event with Metro
- November 29th: Senior Falls Flamingo Senior Center

UMC Outreach Events:

- October 20th: Health Fair at the Government Center
- October 30th: Trunk or Treat Safetacular
- December 11th: Lil Roar Pediatric Holiday Party

G. Report from Legislative/Advocacy Representative

No report given

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.

VII. 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.

VIII. ADJOURNMENT

There being no further business to come before the Board, *Chairman Dort adjourned the meeting at 3:45 pm.*