



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

April 20, 2022 - 2:30 P.M.

MEMBERS PRESENT

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

MEMBERS ABSENT

Mike Barnum, MD, MAB Chairman	Frank Simone, Paramedic, Public EMS Provider
Sam Scheller, Paramedic, Private EMS Provider	

SNHD STAFF PRESENT

Chad Kingsley, Regional Trauma Coordinator	John Hammond, EMSTS Manager
Theresa Ladd, Administrative Secretary	Michael Johnson, PhD, Dir. of Community Health
Edward Wynder, Associate General Counsel	Fermin Leguen, MD, District Health Officer
Judy Tabat, Recording Secretary	

PUBLIC ATTENDANCE

Georgi Collins, HCA	Brett Olbur
Linda Anderson	Stacie Sasso
Dan Shinn	Jennifer Wyatt
Bud Adams	Rebecca Crooker
Aaron Goldstein	Yasmin Conaway
Jessica Goldstein	

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 April 20, 2022. Chairman Fraser called the meeting to order at 2:29 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fraser noted that a quorum was present.

Chairman Fraser welcomed Maj. Stephanie Streit, MD and John Recicar as the new RTAB standing members from Mike O'Callaghan Military Medical Center.

- 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 Fraser asked if anyone wished to address the Board pertaining to items listed on the Agenda.

The following public comment is verbatim transcription.

Stacie Sasso, I'm the executive director for the Health Services Coalition. I want to thank you for your extensive review on the trauma regulations to date. I know that's on your agenda to review today. We've submitted written comments to Dr Kingsley for his review. The majority of those concerns have been addressed. We still have outstanding concerns on section 300, the removal of language that the board of health approvals are based on demonstrated need. The state law is not intended to change the authority of the board of health to ensure its decisions to expand trauma systems are based on system need. the board of health to continue to make decisions based on need. I understand the state will be going through a review process for growth, but that should not replace the role of the board of health basing approval on local demonstrated need. We'd like to see the removal of the language placed back into the regulations that you're going to review today. Thank you.

Chairman Fraser thanked Ms. Sasso and asked if anyone else 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 Fraser 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: 01/19/2022.

Chairman Fraser asked for approval of the minutes from the January 19, 2022 meeting. A motion was made by Member Rogge, seconded by Member Dort and passed by majority vote to approve the minutes. Member Recicar and Member Streit abstained.

III. DISTRICT HEALTH OFFICER REPORT: Dr. Fermin Leguen

Dr. Leguen reported that the transmission rate in the community has decreased significantly when they compare that to January or December of last year but noted that in the past few weeks the level of transmission has started to increase slowly so they continue to monitor that closely. He added that they are working with UNLV and the water district in terms of wastewater surveillance and so far, that information has been very useful. They continue to offer testing across the community averaging 4,000 to 5,000 tests a day as well as vaccinations even though the demand for vaccination is low.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

Mr. Kingsley introduced Edward Wynder, the Health Districts new Associate General Counsel.

A. Committee Report: RTAB Member Nominating Committee

Discussion/Approval of Nominations for Non-Standing RTAB Member Seats for Terms Expiring June 30, 2022

- General Public
- Health Education and Prevention Services
- Legislative Issues/Advocacy
- Payers of Medical Benefits for Victims of Trauma
- Public Relations/Media

Chairman Fraser announced those elected at the RTAB Member Nominating Committee.

- Carl Bottorf was declared elected as the General Public representative.
- Dina Bailey was declared elected as the representative for Health Education and Prevention Services
- Erin Breen was declared elected as the representative for Legislative Issues/Advocacy.
- Maya Holmes was declared elected as the representative of Medical Benefits for Victims of Trauma.
- Danita Cohen was declared elected as the representative of Public Relations/Media.

Member Dokken made the motion to approve the recommended appointments to the Regional Trauma Advisory Board. Member Dort seconded and the motion passed by majority vote. Member Streit and Member Recicar abstained.

Chairman Fraser asked all those in favor say “Aye.” Those opposed say “No.”

<u>Aye</u>	<u>13</u>
<u>No</u>	<u>0</u>
<u>Abstain</u>	<u>2</u>

Chairman Fraser stated that the Ayes have it.

B. Trauma Field Triage Criteria Data Report for 4th Quarter 2021

Mr. Kingsley referred to the TFTC data reports in the board’s packet and reported on the trauma transport data for 4th quarter 2021.

Chairman Fraser asked the board for any questions or comments.

Ms. Rogge voiced concern with out-of-area (OOA) being over 5% and questioned when they are going to start looking into those OOA transports.

Mr. Kingsley stated that it is possible to look at OOA and pull those cases but there are challenges to it, especially when we are asking those providers to remember calls from 3 months ago. He added that it has been a slow process due to the pandemic as well as the regulations and trauma plan.

Mr. Hammond stated that there is a better system in place to try and track those calls with the advent of using the ESO System and looking at those ePCRs. He added that he is more than happy to look at those OOAs.

Ms. Dokken felt it is important that they must trend and then get to the root of the problem to solve it.

Dr. Fisher stated that he is not sure that it is a problem. There have been discussions with some feedback from EMS, and most of it was construction related. He added that you're always going to have some component, some percentage of things that need to be fluid so that they can transport most efficiently and make judgments. He stated that he’s not seen anything in the last year that warrants a head over heels investigation.

Ms. Dokken agreed with what was being said but felt that this board set the threshold at 5% for OOA and appreciated the armchair guesses at what the problems are but felt that they need to be data driven and fact driven going forward.

Dr. Fisher questioned how they even decided on 5%.

Ms. Dokken stated they don't but that is what was decided on. She added that this board is not following their rules for quality and performance improvement.

Dr. Fisher felt they should investigate whether 5% is even reasonable. We have no data to support those numbers so we're looking into something that doesn't have any validity to it.

Ms. Rogge noted that would be another good reason to investigate. It is what you just said is that if 5% is too low, if that's not a reasonable number for OOA transports the way to prove that and change it is to look at what's going on.

Ms. Breen questioned what other communities are using as a benchmark for OOAs.

Mr. Kingsley stated that there is not a lot of communities that have catchment. In previous studies of other communities, San Diego was one of the only community that did have a catchment area, but he will look across the nation.

Chairman Fraser asked for a motion to review the out-of-areas transports and validate the benchmark of 5%. A motion was made by Member Rogge, seconded by Member Bottorf and passed by majority vote. Member Recicar and Member Streit abstained.

Chairman Fraser asked all those in favor say "Aye." Those opposed say "No."

<u>Aye</u>	<u>13</u>
<u>No</u>	<u>0</u>
<u>Abstain</u>	<u>2</u>

Chairman Fraser stated that the Ayes have it.

C. Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Center

Chairman Fraser reported that UMC has submitted their application to SNHD for reauthorization as a Level I Trauma Center and Level II Pediatric Trauma Center. UMC has satisfied all requirements for reauthorization and is in good standing with SNHD.

A motion was made by Member Dort to approve UMC's application for reauthorization as a Level I Trauma Center and Level II Pediatric Trauma Center. The motion was seconded by Member Dokken and passed by majority vote. Member Streit, Member Recicar, and Member Colvin abstained.

D. Discussion Regarding Extended Scene Time for Extrication and/or Field Amputations

Jennifer Wyatt, Deputy Fire Chief with Clark County Fire Department (CCFD) spoke about a field emergency amputation protocol that they will be working on in the pre-hospital EMS system and was interested in getting feedback from the RTAB. She explained they had a call about 2 months ago where they had a semi that flipped over onto the driver's side. CCFD heavy rescue team prides itself on extrication, but after 2 hours of trying to extricate the driver whose legs were pinned, they were left with the idea that they may have to think about amputation. She advised that what they call a rotator, which is a big rig did arrive and then flip that semi back on its wheels.

Ms. Dokken questioned if the medical control for the trauma center would be in the correct catchment area.

Ms. Wyatt answered in the affirmative and stated that whatever catchment area and trauma

center that patient would be transported, depending on their injuries, and how they fall into TFTC is who they would be calling.

Chairman Fraser stated that logistically there are some concerns safety wise but felt it was doable. He added that they couldn't have that trauma surgeon leave and not be available in house for everything that would come in between. He stated that they did talk with Dr Holtz and the resident team so it's a work in progress.

Ms. Breen asked Chairman Fraser how many times in his career that there's been a situation where someone would have benefited from an amputation in the field.

Chairman Fraser answered probably 1 to 2 in the last 10 years.

Ms. Wyatt stated that CCFD is working on some grants to possibly have their next heavy rescue rotative capable, so they have better access to patients. Right now, they rely on the tow truck companies that have rotators to send them out.

Chairman Fraser stated that there's a lot of work to be done and applauded the effort. He observed that it sounds like everyone has a lot of questions and felt that at this time, he would close the item and bring it back when Dr. Holtz is available and has done some further work with the resident team and fire department to figure out logistics.

E. Update and Approval on Proposed Revisions to the Clark County Trauma System Regulations

Chairman Fraser stated that written public comment was received by staff and a workshop was held on April 8, 2022 for additional comment. The OEMSTS has revised the proposed regulations after receiving comment and is available to discuss the original proposal and revisions.

Mr. Kingsley gave an overview of proposed revisions to the trauma regulations.

There was considerable discussion regarding needs assessment being removed from section 300 of the regulations so the board decided to meet next month to have more time to review the regulations.

Chairman Fraser asked for a motion for an additional meeting on May 18, 2022 to discuss any questions and/or clarifications on the proposed revisions to the Clark County Trauma System Regulations. Member Holmes made the motion, Member Breen seconded, and the motion passed by majority vote. Member Streit and Member Recicar abstained.

Chairman Fraser asked all those in favor say "Aye." Those opposed say "No."

Aye	13
No	0
Abstain	2

Chairman Fraser stated that the Ayes have it.

V. **REGIONAL TRAUMA COORDINATOR REPORT**

Update for EMS & Trauma System

Mr. Kingsley stated that they are working towards completing the annual report for 2021 this year. He reported that State data is in and they are coordinating all the data and should have the report hopefully in July, if not, then October. He added that once regulations are approved, then that would start the next process of doing the update of the plan as well as the improvement plan, which would be the next thing before we take to the board on those steps.

VI. **INFORMATIONAL ITEMS / DISCUSSION ONLY**

A. Report from Public Provider of Advanced Emergency Care

No report given

- B. Report from Private Provider of Advanced Emergency Care
No report given
- C. Report from General Public Representative
No report given
- D. Report from Non-Trauma Center Hospital Representative
No report given
- E. Report from Rehabilitation Representative
No report given
- F. Report from Health Education & Injury Prevention Services Representative
No report given
- G. Report from Legislative/Advocacy Representative
No report given
- H. Report from Public Relations/Media Representative
No report given
- I. Report from Payer of Medical Benefits
No report given
- J. Report from System Finance/Funding
No report given

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 Fraser 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 Fraser adjourned the meeting at 3:54 pm.*