MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

October 19, 2022 - 2:30 P.M.

MEMBERS PRESENT

Douglas Fraser, MD, Chair, University Medical Center
Chris Fisher, MD, Sunrise Hospital
Mike Barnum, MD, MAB Chairman
Sam Scheller, Private EMS Provider
Jessica Colvin, System Finance
Danita Cohen, Public Relations/Advocacy
Maya Holmes, Payers of Medical Benefits
Frank Simone, Paramedic, Public EMS Provider
Lisa Rogge, RN, University Medical Center
Georgi Collins, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena Hospital
John Recicar, RN, MOMMC
Carl Bottorf, General Public
Amy Henley, Rehabilitation Services
Dina Bailey, Health Education
Sajit Pullarkat, Administrator, Non-Trauma

MEMBERS ABSENT

Sean Dort, MD, St. Rose Siena Hospital
Erin Breen, Legislative/Advocacy
Maj. Stephanie Streit, MD, MOMMC

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Edward Wynder, Associate General Counsel
Roni Mauro, EMSTS Field Rep
Nicole Charlton, Recording Secretary
Michael Johnson, PhD, Dir. of Community Health
Laura Palmer, EMSTS Supervisor
Fermin Leguen, MD, District Health Officer
Scott Wagner, EMSTS Field Rep

PUBLIC ATTENDANCE

Daniel Llamas
Dan Shinn
Stacie Sasso
Bud Adams
Ryan Tyler
Christian Ross
Brett Olbur
Linda Anderson
Margaret Covelli
Shana Waldron-Tello
Yasmin Conaway
Jason Montenegro
Jason Perlmutter
Katie Ryan
Cassidy Wilson

CALL TO ORDER

Chairman Fraser called the Regional Trauma Advisory Board (RTAB) to order at 2:30 p.m. All Committee Members joined the meeting by teleconference. Roll call was administered by SNHD Staff Member Nicole Charlton and she noted that 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 Fraser asked if anyone wished to address the Board pertaining to items listed on the Agenda. Hearing 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: 07/20/2022.

Chairman Fraser asked for approval of the minutes from the July 20, 2022 meeting. *A motion was made by Member Sheller, seconded by Member Dokken and passed by majority vote to approve the minutes. Member Recicar abstained.*

III. DISTRICT HEALTH OFFICER REPORT: Dr. Fermin Leguen

Dr. Leguen reported there is nothing to report on at this time.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Trauma Field Triage Criteria Data Report for 2nd Quarter 2022

Mr. Hammond referred to the TFTC data reports in the board's packet and reported on the trauma transport data for 2nd Qtr 2022.

Chairman Fraser asked the board for any questions or comments.

Member Holmes stated that she appreciates any work being done to address the catchment around Nellis and thinks they are a critical community partner. Mr. Hammond agreed.

B. Review/Discuss 2021 Southern Nevada Trauma System Report and State of Nevada Annual Trauma Registry Report

Mr. Hammond referred to the report that was included in the packet handed out and stated that it is ready to be published, unless anyone on the board had questions or comments. Hearing none, the report will be published as it stands.

Chairman Fraser thanked Chad Kingsley and all involved for creating this report.

C. Changes to Clark County EMS Trauma Field Triage Criteria (TFTC) Protocol

Mr. Hammond stated that in the beginning of June 2022, agencies requested that we review the Trauma Field Triage Criteria (TFTC). ACS released their new guidelines with the information they gained from studying injury patterns and they made certain changes to the TFTC. We discussed it in our Drug Device Protocol Committee Meeting as well as the Medical Advisory Board Committee Meeting and they agreed that we implement the draft TFTC protocol.

We have addressed some questions that arose during our meetings, and they are:

1. Red patients must be transported to the closest Level I or Level II Trauma Center
2. Pediatric red patients must be transported to UMC Trauma Center as they are the Level II Pediatric Trauma Center
3. Patients meeting yellow mechanism of injury that don't need red, must be transported to the closest Trauma Center.
4. The same language that nothing contained within these guidelines precludes transport to the closes facility if, in the provider's judgement, an ability to adequately ventilate the patient might result in increased patient mortality. Basically, if you can't get air in/out, you need to go to the closest facility with an ER physician that can address a crash airway a little bit better than a paramedic in the back of an ambulance.
5. We still accept, from competent individuals, the refusal to go to the closest trauma center. We are using the same Release of Medical Assistance that we currently use for those who want to be transported out of catchment area.
6. Trauma Center Internal Disaster and Trauma Bypass must be considered as well.
7. It does define closest facility as time and not distance.

Discussion was had and Antiplatelet use was added under the Yellow EMS Judgement.

Chairman Fraser thanked Mr. Hammond for his work on this. He had concerns about eliminating the catchment area and the wording that surrounds that issue. Mr. Hammond stated that it depends on how you define "catchment". There is a geographical boundary catchment and a time boundary catchment. The issue being time can be extremely variable as it relates to time of day, distance to the hospital and any other event that can affect transport times.

Mr. Hammond stated that use of catchment in a trauma system is not the rule of trauma systems throughout the nation. There are instances when a patient would be closer to a trauma center outside of established catchment.

Ms. Holmes stated that she needs more information on the problem. She stated concern with making such a change.

Chairman Fraser thanked Maya for her comments. He echoed Mr. Hammond's points that some states do not have catchment areas and it works well for them, but also confirmed that we have had catchment areas for quite some time, and it has worked well.

Ms. Rogge asked that since Nellis/MOMMC is seeing 1, 3, 5 patients and that is with the catchment area. How will doing away with catchment areas benefit them as far as staying a viable trauma center. Mr. Hammond stated that the reason they are not seeing the patients, is because when a call is dispatched, the ambulance's Mobile Data Terminal (MDT) displays which catchment to use. And MOMMC's catchment area hasn't been changed in the dispatch software until recently. If catchment is removed, they should be receiving those patients in that area as well because they will be the closest by time.

Mr. Bottorf agrees with the rational, which makes it much simpler for the providers, as all the other protocols are based on closest facility, but asked once the change is implemented, what is the plan to change the behavior of the providers to follow this. Mr. Hammond stated that each agency then has 90 days to train 90% of their staff on the new protocol. After those 90 days, the protocol will go live.

Chairman Fraser asked if there was ever detailed discussion on the pros/cons, or the risk benefit for removal of the catchment areas? Mr. Hammond stated not in the manner described, however the agencies that were present during the Drug/Device Protocol Committee Meeting discussed it and all agreed that removal of catchment area will make their response model, and protocol compliance more efficient.

Ms. Holmes stated the impact of the system and the hospitals has not been fully vetted. She believes that the removal of the catchment areas and the TFTC aligns with the new ACS are two separate issues.

Chairman Fraser stated that without having detailed discussion available publicly regarding the risk benefits, he would not take any action on this at this time.

Chairman Fraser asked if there was any further discussion on this topic. Hearing none, he moved on to the next report.

V. REGIONAL TRAUMA COORDINATOR REPORT

1. Employee Recruitment

   Mr. Hammond stated that OEMSTS is continuing to find a replacement for Chad Kingsley. Position was reposted and will be open for the next month. If anyone knows anyone how may be interested, please advise.

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
   Mr. Bottorf stated there were no items to report.

D. Report from Non-Trauma Center Hospital Representative
   No report given

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 stated there were no items to report.

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

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 3:09 pm.*