



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

DIVISION OF COMMUNITY HEALTH

SOUTHERN NEVADA INJURY PREVENTION PARTNERSHIP

January 22, 2018 - 10:00 A.M.

MEMBERS PRESENT

August Corrales, UMC, Vice Chair	Cassandra Trummel, UMC
Linda Kalekas, RN, Clark County School District	Jamie Ross, PACT
Kathryn Barker, SNHD, Epidemiology	Stacy Johnson, MountainView Hospital
Rachell Eisert, St. Rose Siena	Steve Johnson, MedicWest Ambulance
Lisa Pacheco, UMC	

MEMBERS ABSENT

Andrew Eisen, MD, Touro University	Tara Phebus, MA, NICRP-UNLV
Jessica Johnson, SNHD	Kristie McWorter, Sun City
Matthew Manning, CPSC	Myacynth Pineda, St. Rose Siena

SNHD STAFF PRESENT

Gerry Julian, EMS Field Rep	Judy Tabat, Recording Secretary
Ying Zhang, PhD, SNHD, Epidemiology (via phone)	Rae Pettie, EMS Program/Project Coord.

PUBLIC ATTENDANCE

Mindy Renfro, Touro University (via phone)

CALL TO ORDER – NOTICE OF POSTING

The Southern Nevada Injury Prevention Partnership convened in the Red Rock Trail Conference Room at the Southern Nevada Health District (SNHD), located at 280 S. Decatur Boulevard, on January 22, 2018. Acting Chairman Gerry Julian called the meeting to order at 10:05 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mr. Julian noted that a quorum was present.

- I. **PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the Agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chairman or majority vote.
Acting Chairman Julian asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.
- II. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Injury Prevention Partnership which may be enacted by one motion. Any item may be discussed separately per Committee Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- A. Approve Minutes/Southern Nevada Injury Prevention Partnership: 4/11/2016
- B. Approve Minutes/Southern Nevada Injury Prevention Partnership: 7/11/2016
- C. Approve Minutes/Southern Nevada Injury Prevention Partnership: 10/17/2016

Acting Chairman Julian asked for a motion to approve the Consent Agenda. Motion made by Member Corrales, seconded by Member Kalekas and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Election of Chairman and Vice Chairman

Mr. Julian informed the Committee that they need to elect a Chair and Vice Chair to serve for a two-year time frame. The only nomination received for Chair was Jessica Johnson. He asked if there were additional nominations for the position. As there were no other nominations, Ms. Barker shared that Ms. Johnson had another meeting commitment that morning, but she would text her to see if she would like to accept the position. Ms. Johnson responded that she would accept, pending managerial approval.

Ms. Barker nominated August Corrales to serve as Vice Chair of the SNIPP. Mr. Corrales stated he would accept the nomination. As there were no other nominations, Mr. Corrales was named as Vice Chair of the SNIPP.

B. Discussion of Goals and Objectives of the Southern Nevada Injury Prevention Partnership

Mr. Julian asked the Committee for ideas about which injury prevention topics they would like to pursue. Ms. Johnson noted that MountainView has received a plentitude of geriatric ground level falls that sustain injury. She suggested they focus on sending those patients home with the necessary tools and resources to ensure they don't fall again. Ms. Renfro, a physical therapist, stated she studies falls. She asked if anyone was familiar with the newly released Fall Prevention Grant through the ACL (Administration for Community Living). Touro University intends to apply for the grant and they would welcome partners. The primary focus of the grant is dissemination of evidence-based fall prevention programs. The application will mostly involve the public health status, focusing on community dwelling, of adults 65 and over. The Nevada Goes Fall Free Coalition is going to partner with Touro University and UNLV.

Mr. Johnson asked whether the receiving facilities identify geriatric ground level falls. Ms. Trummel stated that they track those patients. Mr. Johnson asked whether they had an estimate on the number of patients they see a year. Ms. Trummel replied that she could obtain the numbers for the Committee. She agreed on the importance of providing the appropriate tools and resources for fall prevention for that subset of patients; however, they don't currently have a process in place for patients who go straight home from the E.D. She stated that geriatric falls constitute 26% of the traumatic injuries at UMC. Mr. Johnson remarked that many of those patients are probably on blood thinners. Ms. Barker stated she will obtain the Clark County data for morbidity and mortality related to E.D. visits, hospitalizations, and death for patients 55-65 to align with EMS protocols. Mr. Corrales asked if she could also obtain the data for patients 65 and older so both groups can be addressed.

Mr. Johnson related that AMR & MedicWest recently had their Community Paramedic Program approved by the Health District. The Regional Emergency Medical Services Authority (REMSA) was the first in Nevada to implement the program; we will be the second. They will be seeing mostly high-risk patients over the age of 55; patients with heart failure, renal stroke, and some mental health patients. An intensive checklist was created for home assessments to promote safety measures such as removing cords, throw rugs, and other trip and fall hazards. They also provide shower rails, if necessary. They are currently writing a new lecture series on geriatric trauma for their new hires. They are hoping to roll the new program out in April, and to go live in May. Dispatch Health, a new on-demand urgent care, dispatches certified physicians, nurse practitioners and physician assistants to homes. If you have Health Plan of Nevada you can call for a phone consultation. They'll come to your home, do labs, write prescriptions and call them in for you. He was unsure whether they do home

assessments. Mr. Johnson asked if it was possible to partner with Touro in the Fall Prevention Grant. Ms. Renfro replied it was possible, especially if they extend their reach to include physical and occupational therapists who are trained in home assessment. Touro University is starting a geriatrics course and they're looking for needed home visits; it would be a perfect marriage. Mr. Johnson stated it would be great to bring the Touro students in for training. Ms. Renfro stated she will set up a meeting with the Fall Prevention Board. She believes home assessment will be a critical part of the focus. She suggested they also look to partner with Nevada's Geriatric Education Center, based in Reno. Ms. Renfro agreed to communicate with them to see if there is interest in becoming a partner. The deadline for the grant application is March 26th.

C. Discuss Next Meeting and Agenda Items (4/16/2018 @10:00 am)

Mr. Julian noted that the SNIPP is directed by the Regional Trauma Advisory Board (RTAB). The last time the SNIPP had quorum was in 2016, so they have not currently received any direction from that body. In addition, the representative for health education and preventive services no longer serves on the Board, and the seat won't be filled until July 1st. In response to a question related to how the Committee historically decided what goals and objectives to pursue, Ms. Kalekas shared that four years ago she served as the representative on the RTAB. She was succeeded by Michael Bernstein for the next two years. Since Mr. Bernstein retired, this is the first time the SNIPP has had quorum. Ms. Kalekas referred them to the 2016 resource list titled Injury Prevention Emphasis Areas Identified by the Southern Nevada Injury Prevention Partnership. She noted the Committee put in a couple years of work to address the injury areas on the graphic, particularly in Southern Nevada. She suggested they use it as a starting point, continue to collect data, and focus on any high percentage areas that need to be addressed. She gave an example of youth suicide, stating that CCSD is doing an amazing job identifying students who have suicidal ideation or attempts. Over the course of the last five or six years they have developed a very, very time intensive but excellent program in identifying those kids, evaluating them, and referring them for treatment. They have even developed an excellent re-entry program for agencies to contact CCSD to notify them when the kids are ready to return to school. She related that the Committee struggled in its early years; youth suicide was one of their first issues. They have now integrated with sub-acute care facilities, and both health and mental health facilities; despite their efforts, the numbers continue to rise. The next question is, "What else can be done?"

Ms. Kalekas pointed out that "Unintentional Prescription Drug Overdose" is also on the list. She noted it will be interesting to see the data reflected by the changes in the law for the prescribing physicians. Will licensed healthcare providers see a positive or negative impact on the volume of overdoses? She stated CCSD probably has much higher numbers of abuse and addiction than they suspect, as evidenced by the volume of kids they see in their health offices. She suggested they update the information on the list of already established emphasis areas as a starting point.

Ms. Ross stated she runs PACT, a substance abuse prevention coalition. She noted that Jessica Johnson and Kathryn Barker did a fabulous one-page fact sheet on the opioid epidemic, which includes the most up-to-date resources we have. Ms. Barker stated she would be happy to begin with the framework already in place, update some of the data sources, and translate the information into a strategic plan to align with the CDC's best practices related to injuries.

Mr. Corrales stated there are seven injury areas listed. He asked whether there were additional categories or sub-categories they should consider. Ms. Barker recommended they move "Unintentional Prescription Overdose" as a sub-category under "Substance Use" since they now know that methamphetamine, alcohol, and other substance use are big issues in our community as well. Mr. Corrales asked for volunteers to work on one or more specific injury areas so they can identify the existing data resources and current activities to discuss at the next Committee meeting. He also asked that one individual report back on each category.

The Committee agreed to the following:

<u>Injury Area</u>	<u>Assigned to</u>	<u>Reported by</u>
Traffic Related	August/Lisa	Lisa
Violent Injuries	Kathryn/Jamie	Kathryn
Suicide (youth)	Linda	Linda
Suicide (adult/senior)	Ying	Ying
Falls	Rachell/Steve/Mindy/Stacy	Steve
Drowning	Steve	Steve
Unintentional Prescription Drug Overdose/Substance Use	Jamie/Kathryn/Mindy/Steve	Jamie
Non-accidental Trauma/Abuse (Child, Elderly, Human Trafficking)	Cassie	Cassie
Opioids	Mindy/Steve	Steve

Ms. Zhang stated that SNHD has access to mortality and morbidity data, including the number of hospitalizations or E.D. visits, including the reasons why. She stated she and Ms. Barker will be happy to gather the data they need on the focused injury areas. Ms. Renfro responded she would love to be able to access that information for the grant proposal. Ms. Barker stated that she and Ms. Johnson developed an injury profile of Clark County approximately a year ago. It is ranked by age group, injury, morbidity, and mortality to identify the areas of greatest burden to our community.

Mr. Corrales asked what sources are being utilized to obtain mortality information. Ms. Trummel stated that UMC utilizes the trauma registry. Mr. Johnson stated that EMS utilizes the CARES (Cardiac Arrest Registry to Enhance Survival) registry. Ms. Barker replied that the Health District utilizes the Vital Statistics Registry and CDC Wonder, a comprehensive on-line public health information system created by the CDC that provides a single point of access to CDC reports, guidelines and numeric public health data. Anyone can log in and query dozens of databases, including injury related deaths. Ms. Zhang said they also have access to the coroner's data. The vital statistics data includes all deaths that occur in Clark County, while the coroner's data includes only the deaths that were investigated; usually unnatural deaths such as homicide, suicide, etc.

Mr. Johnson asked for the types of injury included in the "Non-Accidental Trauma" (NAT) category. Ms. Kalekas explained it is injury intentionally imposed by a parent, guardian or other caregiver. Mr. Johnson asked whether it includes elder abuse and human trafficking. Ms. Trummel stated that NAT only includes child abuse. The Committee agreed to include child abuse, elder abuse and human trafficking as sub-categories under NAT. Mr. Johnson informed the Committee there will be a week-long empowerment training held March 5-10 at the World Market Center to equip first responders to respond to exploitation and human trafficking calls. Ms. Trummel commented that she has been working towards disseminating information about the March event. Mr. Johnson asked if it's easy to obtain the data for elder abuse, and if anything is reported to Clark County Social Services. He stated the first question asked in the E.D. is "Do you feel safe at home?" Ms. Johnson stated there is a field included in all the trauma registries that asks if abuse is involved. Ms. Trummel suggested they rename the main category "Abuse." Mr. Corrales asked the Committee to email the information they garner to both himself and Ms. Johnson so they can gather the data and disseminate it to the group prior to the next meeting for further discussion. He agreed to provide the Committee with everyone's contact information.

IV. INFORMATIONAL ITEMS

None

- V. **PUBLIC COMMENT:** 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 included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell you last name for the record. If any member of the Committee wishes to extend the length of a presentation, this may be done by the Chairman or by majority vote.

Vice Chair Corrales thanked everyone for their dedication in serving on the Committee. He looks forward to working with a cohesive group that can provide our community with education and resources.

VI. **ADJOURNMENT**

As there was no further business on the agenda, Vice Chair Corrales asked for a motion to adjourn the meeting. Motion made by Member Trummel, seconded by Member Steve Johnson and carried unanimously to adjourn at 10:46 a.m.