



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

DIVISION OF COMMUNITY HEALTH

SOUTHERN NEVADA INJURY PREVENTION PARTNERSHIP

April 16, 2018 - 10:00 A.M.

MEMBERS PRESENT

Jessica Johnson, SNHD, Chair
Cassandra Trummel, UMC
Linda Kalekas, RN, Clark County School District
Kathryn Barker, SNHD, Epidemiology
Matthew Manning, CPSC

August Corrales, UMC, Vice Chair
Tara Phebus, MA, NICRP-UNLV
Jamie Ross, PACT
Steve Johnson, MedicWest Ambulance

MEMBERS ABSENT

Rachell Eisert, St. Rose Siena
Andrew Eisen, MD, Touro University
Kristie McWorter, Sun City

Lisa Pacheco, UMC
Stacy Johnson, MountainView Hospital
Myacynth Pineda, St. Rose Siena

SNHD STAFF PRESENT

Gerry Julian, EMS Field Rep
Ying Zhang, PhD, SNHD, Epidemiology

Scott Wagner, EMS Field Rep.
Rae Pettie, Recording Secretary

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 April 16, 2018. Chairman Jessica Johnson called the meeting to order at 10:07 a.m. and noted the Affidavit of Posting was not posted in accordance with the Nevada Open Meeting Law.

- 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.
Chairman Johnson asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, she 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.

Approve Minutes/Southern Nevada Injury Prevention Partnership: 1/22/2018

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

Chairman Johnson noted that the SNIPP meeting was not noticed in accordance with Nevada Open Meeting Law, so the committee would be unable to take any action in the meeting.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Individual Reports

1. Number of Geriatric Ground Level Falls in Clark County in 2017

Ms. Trummel reported that at UMC, the number of geriatric patents (55+ years of age) with falls from 10 feet or less, was 679. 380 of those were females; 299 of those were males. Ms. Trummel asked if the committee needed additional information such as the patient's location and ethnicity. Ms. Barker asked where falls rank in relation to other traumatic injuries. Ms. Trummel replied that falls for both adult and pediatric are the number one trauma they see at UMC. In 2017 falls accounted for 26% of the trauma population for adults. She clarified that the trauma registry defines an adult as 15 years of age and older. Ms. Zhang asked whether the data included in-patients. Ms. Trummel stated that the data entered into the trauma registry is strictly from trauma visits. Ms. Ross asked if they could find out if any of the adult patients, the 26%, were prescribed an opioid within the last 30, or 60 days. Ms. Trummel stated that she could obtain the data, but added it may not be accurate because it requires the patient to self-report, unless it was prescribed by UMC. Ms. Ross noted that in discussions with Health Insight, who works specifically with the Medicare population, they noticed more than 50% of the patients who had fallen had been prescribed an opioid.

Mr. Julian stated the etiology of the fall would be interesting. Ms. Trummel noted that EMS will bring the information they acquired from the patient, but time period the patient was down before found, and the patient's memory come into play. She stated she could obtain the etiology but it may not be complete due to the self-reporting aspect discussed earlier. Mr. Corrales stated any extractable data would need to come from the PCR.

Ms. Trummel noted that the data she reported relates only to patients who were admitted; it doesn't include patients who were treated and released. Ms. Johnson suggested the committee put together a few summary statements to place in a larger document to present to the RTAB.

2. Clark County Morbidity & Mortality Data for Patients 55-64 Related:

- i. ED Visits
- ii. Hospitalizations
- iii. Deaths

3. Clark County Morbidity & Mortality Data for Patients 65 and Older Related to:

- iv. ED Visits
- v. Hospitalizations
- vi. Deaths

4. Update Data Sources on the Resources List

Ms. Barker stated she will report on agenda items 2-4. The Informatics Department pulls the ICD-10 codes county from the acute care hospitals county wide related to ED visits and hospitalizations. The intent categories are titled "unintentional, intentional, homicide, undetermined, legal intervention or war." Ms. Barker reported there are several mechanisms they can track across the country: cut and pierce, drowning, falls, fire, burn, firearms, machinery, natural environmental,

over exertion, poisoning (drug overdose), and other mechanisms of poisoning. There is also “struck by or against, suffocation (which includes SIDS), terrorism, transportation and TBI.” These are the basic categories the CDC has mapped through the ICD-10 codes. She stated her office is a little behind because the license for their software system has expired. They are currently working with the State to obtain a new license.

Ms. Phebus questioned why we are only looking at the older age groups. Ms. Barker stated that a specific request was made to break down the age group for Falls as 55-64, and 65 and older. For everything else, they will be able to identify the top mechanisms and identify programs that exist in the community to fill those gaps.

5. Update on Geriatric Education Center’s Interest in Becoming a Partner
Tabled

6. Traffic Related Injuries

Ms. Corrales stated he has contacted NHP for traffic injury related statistics. He will also contact Metro for the same.

7. Violent Injuries

Ms. Barker reported there is interest for more collaboration between the fusion center, which is a data processing center at Metro, and SNHD. The Informatics Department is looking into violence to try to predict the hot spots where firearm injuries occur. They also work with the coroner’s office with the national death registry that the CDC follows.

8. Suicide (youth)

Ms. Kalekas gave an overview of how CCSD addresses injury and suicide prevention. She explained that her task is to look at suicide statistics in Southern Nevada. Clark County has a little over 322,000 students Monday through Friday. CCSD has a very robust crisis team and evaluation method for assessing the level of risk so they can get interventions in place such as a hospital or treatment center, and to prepare them for re-entry into school. CCSD has recently implemented SafeVoice throughout the district. Students, parents and faculty now have access to SafeVoice, an anonymous reporting system used to report threats of safety or well-being of students. Calls sometimes are made through the police department and subsequently referred to Metro. If it’s a student well-check issue they’ll send a police officer to the home for a wellness check for kids who are at risk to themselves or others. The CCSD crisis evaluation team actually has a bigger scope than just suicidal ideation and threat; it could be homicidal threats and other issues as well.

CCSD has a school-based intervention team, or SBIT. The team members are qualified and trained not only by their own licensure and experience that they may have had in mental health and/or counseling. They are trained to CCSDs intervention team procedures and program, and receive refresher training throughout various time periods. The SBIT includes the school nurse, counselors, psychologists and social workers who on staff at almost every school now, which wasn’t the case in the past. Also, through grant money and SB515, CCSD also employs Safe Schools Professionals to assist licensed personnel with providing direct services to students and families, linking children, youth, and families to community agency resources. The district police are heavily involved once a call has been made that someone is a threat to themselves or others. They have the legal authority to place a legal hold on a student. This is usually done with the assistance of the school nurse to assist with that determination. Others are trained to do a witness statement to corroborate what the police officer is intending to do. A weekly schedule is set up so that every school throughout the district knows internally who the people are that are on the SBIT so they know who to call based on the day.

A Suicide Risk Assessment Level I Screener only requires one team member. It’s a series of questions to determine whether the child is a low, moderate or high-risk entity. If they’re low risk, they may make some recommendations to the parent. Moderate to high risk, it automatically

moves to a Level II evaluation, a comprehensive suicide intervention protocol for risk assessment where a minimum of two trained team members participate. That may, or may not, result in a legal hold being placed on the child, depending on whether the parent is willing to sign a legal document saying they will immediately take their child for an evaluation at a hospital or mental health facility. If they intuitively or otherwise know that the parent may not follow through, the police officer may put the child on a 72-hour legal hold for further evaluation.

The DOSTECR (Department of Student Threat Evaluation and Crisis Response) is a step up from the site-based team in that the team consists of counselors, psychologists, and a nurse with a mental health background. The DOSTECR is the contact group when the school is unsure about how to proceed with what they're learning during the assessments. They have even come on-scene to participate in an evaluation and act as consultants.

Ms. Kalekas referred the committee to the DOSTECR statistics. They started tracking the total number of referrals since 2005. At that time, the total number of referrals for DOSTECR services was 227 for threaten evaluation alone. That number has now risen to 531 for the last school year. Identifying students with suicide ideation that require intervention has also been rising over the course of more than a decade. Mental health concerns represent the largest and fastest growing presenting condition for students, with notable increases in the past three out of four school years.

Ms. Kalekas referred the committee to the statistics related to presenting conditions such as mental health, crisis, self-injury, attempted suicide, completed suicide, and other which is all services that do not fall into the preceding five categories. She noted the completed suicides have been coroner confirmed. They previously did not have coroner confirmation of the data they were producing.

Ms. Johnson asked whether CCSD has developed training that can be shared with the EMS providers as EMS and law enforcement are probably the first on scene. Ms. Kalekas stated she will talk to the department director to see if they can provide outreach for the EMS agencies.

Ms. Zhang asked what percentage of CCSD students represent the total number of school aged children in Clark County. She stated that the Informatics Department worked on a suicide project where the numbers depicted that regardless of age, our suicide death rates are almost as high as the national average. However, the unsuccessful suicide attempts are half the national average, meaning Clark County has high success rates for completed suicides.

9. Falls

Mr. Johnson noted that MedicWest created an entire presentation on geriatric falls as they account for over one-quarter of all trauma calls. The area the agencies felt was underutilized is "special considerations" under Step 4 in the TFTC (Trauma Field Triage Criteria) protocol. The language in the protocol reads, "Assess special patients or system considerations..." The wording led to EMS providers thinking they should just "consider" taking the patient to a trauma center. The Drug/Device/Protocol Committee is going to revise the protocol to eliminate further confusion.

10. Drowning

Mr. Johnson reported that April Pools Day was held the prior Wednesday at Silver Mesa Recreation Center in North Las Vegas. There were a number of elected officials in attendance. They talked about the A,B,C,Ds of drowning and the three PPPs (Patrol, Protect, and Prepare) that Jessica Johnson introduced last year. There are a large number of pools opening at casinos at the beginning of May. They anticipate a large crowd on May 5th for the Cinco de Mayo celebration. They are targeting the holiday weekends for PSAs and other education for the community. He stated that in the nine years he has served on the SNIPP Committee they have yet to have zero drownings for the year. The closest we've come is two drownings that occurred in November and December of that year.

11. Unintentional Prescription Drug Overdose/Substance Abuse

Ms. Ross reported the CDC ranked Nevada as the highest in fatal overdoses for stimulants. She

noted that methamphetamine is significantly more potent than in the past. She asked for direction as to the type of data the Committee would like her to provide. Ms. Kalekas mentioned she receives reports from the Southern Nevada Counter Terrorism Diffusion Center. They have recently started releasing national and state data on overdoses, focusing on opiates and fentanyl-laced drugs. One of the reports revealed that Nevada was one of the states that are collecting ED data from to generate their reports. She suggested they try utilizing the same resources.

Ms. Johnson stated that she and Ms. Ross attended a national conference the prior week on prescription drugs and heroin. The Director of HIDTA (High-Intensity Drug Trafficking Area) shared that historically an epidemic of depressants such as opioids is followed by an epidemic of stimulants. From a biological standpoint it makes sense. They need to watch the data and look for opportunities to reach the communities with the appropriate education and resources.

12. Non-Accidental Trauma/Abuse (Child/Elderly/Human Trafficking)

Ms. Trummel stated she has no data on elderly abuse from UMC. She stated that elderly abuse is widely under reported, mainly because the individual needs to self-report abuse unless there are significant injuries that would lead the staff to make an inquiry. There is a hotline number for Elder Protective Services. The Elder Abuse Training Learning Path training is more about recognizing and reporting abuse for the general public to try to decrease the prevalence. She didn't find any existing programs that help to decrease the incidence of elder abuse. The existing data source is the Elder Abuse Reporting System through the Department of Health & Human Services' Aging and Disability Services Division.

Ms. Trummel stated there is a lot of data on child abuse. Prevent Child Abuse Nevada is a huge organization. They currently have the "Choose Your Partner Carefully" training on boyfriends, uncles, and anyone who is not the biological parent. SNHD has a nurse family partnership program which can be deemed a child abuse program. The mothers volunteer, but the nurse or social worker will come into the home and provide education from the time of pregnancy up until the age of three. The downside is that because it's a volunteer program, it makes it difficult to capture the people they really need to capture in those types of programs. UMC has a "Shaken Baby Syndrome Discharge Education Policy" video for every family leaving their maternity ward and the NICU. They watch a video, sign a social contract, and work with a nurse to identify appropriate resources in the community. The Coroner's Office also has the Child Death Review Team, which is also an excellent source of data.

Ms. Phebus stated SNHD also has a Healthy Start program. There are eligibility requirements such as they need to be a first time mother.

Ms. Trummel explained that sex trafficking is also a box that's not checked off often as it requires self-reporting. Metro's Southern Nevada Human Trafficking Task Force have different campaigns such as the Blue Campaign and Suspect Human Trafficking, It's Never Okay Poster Campaign. The "I Empathize Training" was focused on first responder and ER personnel so they can understand what to look for when they see these individuals.

13. Opioids

Mr. Johnson informed the committee that the EMSTS Office is now carrying naloxone kits that people can come and pick up. He stated that it is a mucosal atomization device (MAD). They are working on education to roll out to all their agencies to let their providers know that when they go into people's homes they may find a Narcan kit. He also advised that he did not attend the last Metro meeting and wasn't sure if the LEAD Program (Law Enforcement Assisted Diversion) was pushed back.

Ms. Johnson advised the committee that the LEAD Program is currently on pause and to her knowledge they have been working with Clark County Social Services and applied for a grant. LEAD is the pre-arrest diversion program that Metro is looking at for low level non-violent offenders to redirect them to alternative services instead of the criminal justice system. She added

that there are great things happening with opioids in the community and asked the committee if they are interested in learning more, please contact her after the meeting. She did state that she and Jamie Ross coordinate the Southern Nevada Opioid Advisory Council on a quarterly basis.

Mr. Johnson noted that they have been seeing an uptick in canniboid use and bath salts.

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

Ms. Ross questioned the name of the committee that directs this committee and when they meet so that they can sit in and learn how this information gets disseminated.

Ms. Trummel stated that it is the Regional Trauma Advisory Board (RTAB) and they meet this Wednesday at 2:30 p.m.

Ms. Ross stated that they haven't given this group a directive yet but they are looking forward to what our recommendations might be about either areas to focus on gaps in the community. She felt that the reporting piece to the RTAB should be a goal of this group.

Ms. Phebus stated that in Child Death Review they have had some members of EMS and Fire looking for additional training around recognizing and reporting child maltreatment. Since EMS and Fire on the ones first on the scene, it might be a good function of this committee to figure out some way to be able to offer these additional types of training. Ms. Trummel agreed and stated that they have talked extensively about our emergency room physicians and nurses getting more information on the recognizing and reporting part of child maltreatment.

Ms. Johnson asked that anyone who has prepared a report today to put together bullet points or a summary of the report so they can do a brief overview at their next meeting.

C. Discuss Next Meeting and Agenda Items (7/16/2018 @10:00 am)

Ms. Johnson stated the next meeting will be on July 16, 2018 at 10:00 a.m. She asked the committee if anyone had any agenda items they would like to have listed please forward to her or Mr. Corrales.

Ms. Phebus stated that she would like to have an update on the RTAB meeting reported at this committee as a standing item on the agenda. The committee agreed.

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.

Ms. Johnson asked if anyone wished to address the Committee. Seeing no one, she closed the Public Comment port of the meeting.

VI. ADJOURNMENT

As there was no further business on the agenda, Ms. Johnson adjourned the meeting at 11:24 a.m.