MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

SOUTHERN NEVADA INJURY PREVENTION PARTNERSHIP

OCTOBER 12, 2015 - 10:00 A.M.

MEMBERS PRESENT

Mike Bernstein, Chairman, SNHD - OCDPHP
Nadia Fulkerson, MPH, UNSOM
Julie Gallagher, NV Office of Traffic Safety
Dorothy Pewitt, NV Office of Traffic Safety
Deb Williams, SNHD - OCDPHP (alternate)
Kate Osti, Nevada Disability Advocacy & Law Center
Dineen McSwain, RN, UMC, Vice Chairman
Andrew Eisen, MD, Touro University
Tara Phebus, MA, NICRP-UNLV
Linda Kalekas, RN, CCSD
Ying Zhang, SNHD – Epidemiology (by phone)

MEMBERS ABSENT

Traci Pearl, NV Office of Traffic Safety
Jeanne Marsala, RN, Safe Kids Clark County
Erin Breen, UNLV – TRC
Kathryn Hooper, Henderson Fire
Nancy Menzel, UNLV – SON
Holly Lyman, St Rose-Dominican Hospitals

SNHD STAFF PRESENT

Gerald Julian, OEMSTS Field Representative
Michelle Nath, Recording Secretary

PUBLIC ATTENDANCE

Lynn Row, RN, CCSD

CALL TO ORDER – NOTICE OF POSTING

The Southern Nevada Injury Prevention Partnership convened in the Southern Nevada Health District (SNHD) 330 S. Valley View Boulevard facility, Administration Conference Room 2 on October 12, 2015. Mike Bernstein called the meeting to order at 10:02 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mike Bernstein noted that a quorum had been established.

I. PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee 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 Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

Mr. Bernstein asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Mr. Bernstein stated the Consent Agenda consisted of matters to be considered by the Southern Nevada Injury Prevention Partnership (SNIPP) that can be enacted by one motion. Any item may be discussed

separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Southern Nevada Injury Prevention Partnership: 7/13/15

Mr. Bernstein asked for approval of the minutes from the July 13, 2015 meeting. *A motion was made by Dineen McSwain, seconded by Tara Phebus, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Welcome and Introductions

Mr. Bernstein welcomed everyone to the quarterly meeting of the Southern Nevada Injury Prevention Partnership (SNIPP). He introduced himself and requested that the committee members in attendance also introduce themselves.

B. Discussion of Injury Prevention Emphasis Areas Resource List

The SNIPP conducted its final review of the injury prevention emphasis resource list. It was noted that while the revisions are considered complete, the document can be updated as necessary as new resources develop. This was followed by a recommendation to invite guest speakers from the various injury prevention areas to occasionally present to the SNIPP. Dineen McSwain expressed interest in receiving reports from representatives in the areas of gang violence and suicide prevention. Mr. Bernstein remarked that he would inquire about inviting a Metropolitan Police Officer assigned to gang violence to present to the group. He added that he would follow up with the Nevada Coalition for Suicide Prevention to determine when a representative from their organization would be available to make a presentation to the SNIPP. He also stated that the Nevada Office of Suicide Prevention was in the process of updating their prevention plan and that information will be shared at the upcoming Nevada Suicide Prevention Conference, taking place on October 22-23, 2015. Deb Williams inquired if it would be possible to receive a copy of the executive summary for the plan in the event there is a potential for input by the SNIPP, and Mr. Bernstein commented that he would follow up with their office. Tara Phebus furthered that she, too, would follow up with her contacts at the Metropolitan Police Department to facilitate presentations from guest speakers in the realm of violent injuries.

C. Update on Trends in Non-accidental Trauma

At the start of the discussion regarding trends in non-accidental trauma (NAT), it was reported that there were six NAT pediatric patients admitted to University Medical Center (UMC) since the committee last met. The volume of NAT cases has exceeded last year's total for the same time frame by almost 100%. Dineen McSwain remarked that she is working with other acute care facilities and recommending that they utilize UMC's "Time Out Save A Child's Life" campaign at their centers, which provides families with information about available resources at the time of the patient's discharge. In addition, she recently collaborated with Prevent Child Abuse Nevada and a community outreach event was organized to bring attention to child abuse and neglect. She reported that the "Set Up for Kids Day" event was well attended by the public and elected officials, and it provided an opportunity to educate the community about the prevention of child abuse.

Tara Phebus stated that during the last Child Death Review Team meeting there was a discussion about working with the Department of Family Services and Metropolitan Police Department Area Commands to host meetings with apartment managers from their areas. The idea is to work with the Community Oriented Policing Unit to provide education to the apartment managers about recognizing signs of child abuse or suspicion and how to report these cases. Ms. Phebus explained that the apartment managers often receive noise complaints when domestic violence is occurring in a unit and this becomes detrimental to any child who might be present during these circumstances; therefore, engaging them to open the lines of communication would be instrumental.

This was followed by a discussion regarding the Prevent Child Abuse Nevada "Choose Your Partner

Carefully" campaign to educate single parents on carefully selecting an appropriate partner, or care provider, to ensure a safe environment for their child. This campaign was discussed during the previous meeting and the question was posed as to whether or not the set of questions contained in the brochure could serve as a screening tool for child abuse in a hospital setting. Ms. Phebus clarified that the questions were designed to be a thought provoking tool for the individual parent and not meant to be used as a screening method; further, if there is a suspicion of child abuse or neglect then Child Protective Services (CPS) is the agency to contact so that an appropriate investigation could be conducted. She suggested using domestic violence screening tools and added that even though a child may not display signs of physical abuse, this type of environment is harmful to a child's well being. Ms. McSwain commented that all the hospitals have the screening tools for domestic violence; however, they are not consistently used, and when she broached this subject within her organization it was not well received. She explained that any positive findings for domestic violence are automatically referred to CPS, and they investigate to determine if there are children in the home that may be in danger.

As discussion ensued, Dr. Eisen stated that there's an opportunity for the hospitals to identify a missed opportunity in the non-fatal cases by screening for NAT and this can be realized by adding one or two questions to the set of questions that are already occurring. In response, Ms. McSwain explained that during her conversations with healthcare professionals, they were of the mindset that these cases should be identified by their pediatricians. Dr. Eisen replied that if opportunities were missed by a healthcare provider, family medicine physician, or non-physician to report suspected abuse or neglect, then it's the responsibility of the healthcare professionals at the hospital to report these cases to their licensing agency. He added that a failure to report by a mandatory reporter is a misdemeanor and if a subsequent physician sees that patient and recognizes that the first physician failed to act when they had reasonable cause, the second physician is obligated to report a failure to meet the standard. Secondly, if both physicians are medical doctors, the second physician, the one at the hospital, can face license discipline for not reporting someone who is not adhering to the practice standards. Further, the standard to make the report is reasonable cause, not a preponderance of evidence, and it's important that healthcare personnel in the hospitals recognize that there is a risk if they do not report these cases.

Linda Kalekas commented that it's important to understand how developmental milestones, age appropriateness of behavior and injury pattern can be typical versus atypical. Therefore, the educational need across the board for all licensed healthcare providers to fully understand that dealing with children is different than dealing with adults for a variety of reasons. A question was about posed how to create a questionnaire which could be used as a tool to signal that a child could be at risk and how to implement it. Dr. Eisen commented that legislation was passed in 2013 which states that every mandatory reporter can face criminal charges if they don't act when there is reasonable cause, and he reiterated that the reporting physician doesn't have to prove child abuse and neglect. Their responsibility is to call CPS to initiate an investigation and then document the appropriate steps have been completed. He stressed that relaying this message to physicians is extremely important. The other component is to educate the community that they should expect to be asked questions pertaining to child abuse and neglect when they take their child to a healthcare provider so the questions become routine.

Ms. Phebus questioned if the issue with recognizing signs of child abuse is that the physicians or other medical professionals don't recognize the difference between an abusive and non-abusive type of injury, or is there simply a lack of reporting by these individuals. Dr. Eisen opined that it's a combination of the two. Physicians need to be trained to compare the injury against the story that is given to explain the injury, while also taking into consideration the child's developmental status. If they don't match, then this is considered reasonable cause which warrants a call to CPS. There is no formula that will yield a specific checklist for calling CPS because often there are too many variables. Another concern is that healthcare personnel think they should only report to CPS if it's absolutely certain that there are signs of child abuse, or there's unwarranted fear that they will be

penalized somehow despite the fact that the statue clearly states as long as an individual reports in good faith there is no criminal or civil liability. Another issue is that some mandatory reporters do not want to testify in court; however, Dr. Eisen pointed out that if they document properly then there's less of a potential to appear in court. He emphasized that all of these matters need to be addressed, as well as dealing with the public's concern regarding the stigma attached to questions pertaining to child abuse and neglect during medical screenings.

Ms. Kalekas informed the committee that CPS has enhanced its response capabilities and they have added another level with differentiated response. It was noted that they have a network which assists with resources and parenting instruction and all of the things to prevent abuse and neglect from occurring when warning signs exist. In training offered to Clark County School District (CCSD) personnel, the staff is encouraged to call CPS with the understanding that the individual is not necessarily calling to report abuse but rather that there is a suspicion. If the call turns out to be a level three consideration, then there will be no negative impact to the parent, rather a social worker will be assigned and other resources will be made available to assist with the circumstances. Communicating this information to healthcare personnel is important so that they understand there are different levels of response according to the details of the case. Ms. Kalekas remarked that the training that occurs within CCSD is an excellent way of training all staff about the signs and symptoms of abuse and the requirements for reporting, and the training is mandated for all District employees. In closing, Mr. Bernstein noted that this topic will continue to be monitored.

D. Analysis of Trauma Data in Nevada: Bicycle Crashes, Helmets and Implications for Public Health Presentation

Nadia Fulkerson gave a presentation on an analysis of trauma data pertaining to bicycle crashes, helmets and implications for public health. She reported that the national data indicate the total cost of bicyclist injury and death is over $4 billion annually. The analysis of trauma data for bicycle crashes was done because the State Of Nevada has been working to enhance and promote bicycling throughout the state. There was reference to the statues governing bicycle and motor vehicles and Ms. Fulkerson emphasized that a motorist must give three feet of clearance when passing a bicyclist. In addition, she noted that bicyclists utilizing roadways are subject to the same responsibilities as drivers of motor vehicles unless otherwise noted in NRS.

The bicycle crash data used for this study was collected from the four trauma centers in Nevada for 2012-2013. There were a total of 637 patients treated for bicycle related injuries, with 42% of the patients originating from northern Nevada and 58% from the southern region. The age group most affected by bicycle crashes is adults between 45-54 years old, and males are at higher risk as they represent 84% of the bicycle crash patients. The injury severity scores were categorized in the serious to critical injury range for 50% of the patients, with approximately 30% of the patients being admitted to the intensive care unit. The average length of hospital stay was two to three days, and the average cost for a patient who was treated at a trauma center was $50,000. While the majority of patients were discharged home, consideration needs to be given to the recovery period which may include a lengthy rehabilitation. Dr. Eisen pointed out that this is one of the reasons that there is such a big economic impact with adults who suffer from these severe injuries.

It was reported that helmet use throughout Nevada was low, with only 31% of the patients noted as wearing helmets. The data illustrated that the use of helmets was low in both the Hispanic and African-American communities and the 15-19 year old age category had the highest percentage of not wearing helmets. There was discussion regarding the development of strategies to promote helmet use among these specific groups, as well as dedicating resources to establish a public health campaign to educate the public regarding the benefits of wearing helmets. In closing, Ms. Fulkerson played a bicycling safety video from the Manitoba Cycling Association titled "Bike Helmets 101: A Basic User's Guide to Brain Safety."

E. Update On Prescription Drug Abuse

Mr. Bernstein opened the discussion by stating that Congress is working to improve their policies

regarding the prescribing practices of controlled substances, and the Centers for Disease Control and Prevention is working on guidelines that will be available at the beginning of 2016. Another important aspect in managing the response to prescription drug abuse has been the increased access of Naloxone, also known as Narcan. As a result, Congress will work to continue establishing functioning state prescription drug monitoring programs (PDMP).

There was discussion regarding Senate Bill 459, which became effective October 1 2015, and it authorizes certain healthcare personnel to prescribe and dispense an opioid antagonist to a family member, friend or other person to assist an individual at risk or experiencing an opioid-related drug overdose. Dr. Eisen pointed out that this legislation specifies prior to prescribing a controlled substance, a healthcare provider must check the PDMP to determine the medical necessity of the prescription. He expressed concern about the accuracy of the information that is stored in the PDMP database and commented that when he reviewed his own history for prescribing patterns the information was completely inaccurate.

As discussion ensued, Mr. Bernstein remarked that the National Governors Association Policy Academy on Prescription Drug Abuse Prevention issued a draft report which entails plan recommendations for the State of Nevada in addressing the problem of prescription drug abuse. It was also reported that the American Society of Addiction Medicine has developed guidelines to provide information on the treatment of opioid use disorder. Despite prevention efforts, drug overdose deaths rank high in Nevada and the Clark County Coroner's Office has issued a report about substance related deaths in the county for 2013, which should be available on their website in the near future.

F. Next Meeting and Agenda Items

Mr. Bernstein announced that the next SNIPP meeting is scheduled for Monday, January 11, 2016 at 10:00 a.m. The discussion of non-accidental trauma will remain on the agenda, and there should also be a presentation regarding firearm deaths in Clark County at the next meeting.

IV. INFORMATIONAL ITEMS

There is a possibility that the Health District will be amidst of its relocation to its permanent residence at 220 S. Decatur. If the meeting is scheduled to occur at the new location, then the committee will be informed.

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business on the agenda, Mr. Bernstein adjourned the meeting at 11:41 a.m.