



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

DIVISION OF COMMUNITY HEALTH

TRAUMA NEEDS ASSESSMENT TASKFORCE

August 23, 2016 - 2:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chairman, UMC	Dale Carrison, DO, MAB Chairman
Sean Dort, MD, St. Rose Siena Hospital	Abby Hudema, RN, UMC
Kim Dokken, RN, St. Rose Siena	Sajit Pullarkat, Centennial Hills Hospital
Dineen McSwain, RN, UMC	Gail Yedinak, UMC
Jennifer Renner, RN, HCA	Stacy Johnson, RN, Mountain View Hospital
Kelly Taylor, LVMPDEHWT (via phone)	Jason Driggars, Paramedic, AMR
Shirley Breeden, Public Representative (via phone)	Erica Nansen, UMC (Alt.)
Deborah Kuhls, MD, UNR/UNLV (via phone)	Adam Rudd, Southern Hills Hospital

MEMBERS ABSENT

Amy Doane, Vice Chair, Sunrise Hospital	Chris Fisher, MD, Sunrise Hospital
Alma Angeles, RN, Sunrise Hospital	Daniel Llamas, Sunrise Hospital
Danita Cohen, UMC	

SNHD STAFF PRESENT

Joseph P. Iser, MD, Chief Health Officer	John Hammond, EMSTS Manager
Michael Johnson, PhD, Dir. of Community Health	Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor	Heather Anderson-Fintak, Esquire
Lei Zhang, Public Health Informatics Scientist	Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Frank Simone, North Las Vegas Fire Dept.	Erin Russell, United Health Group
Jeanne Freeman, Div of Public & Behavioral Health (via phone)	

CALL TO ORDER – NOTICE OF POSTING

The Trauma Needs Assessment Workgroup convened in the Red Rock Trail Conference Room at the Southern Nevada Health District (SNHD), located at 280 S. Decatur Boulevard, on August 23, 2016. Chairman John Fildes called the meeting to order at 2:38 p.m. and the Affidavit of Posting was noted 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 Board wishes to extend the length of a presentation, this may be done by the Chairman or the taskforce of majority vote.

Chairman Fildes 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

Chairman Fildes stated the Consent Agenda consisted of matters to be considered by the Trauma Needs Assessment Taskforce that can be enacted by one motion. Any item may be discussed separately per taskforce member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Trauma Needs Assessment Taskforce Meeting: July 20, 2016

Chairman Fildes asked for a motion to approve the Consent Agenda. Motion made by Member Carrison, seconded by Member Hudema and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Trauma Needs Assessment Taskforce Bylaws

Ms. Palmer stated that the Office of Emergency Medical Services and Trauma System (OEMSTS) felt it was appropriate to formalize the taskforce processes by creating bylaws and noted that the Regional Trauma Advisory Board (RTAB) bylaws were used as a template. She felt the biggest issue with this taskforce which was discussed at the last meeting will be maintaining quorum. She explained that there are 20 members on this taskforce and will need a minimum of 11 members present at every meeting to have a quorum. They also included a section in the bylaws with regard to vacancies and announced that anyone who misses 2 meetings will automatically be dropped from the group. She added that if you are unable to attend and you have an alternate who is familiar with the purpose of the taskforce you may designate them as an alternative as long as you notify the OEMSTS. She referred to Item E; Section 1 in Article V of the Bylaws and stated that "Representatives from interested trauma stakeholders" may seem incredibly vague but felt for this group it fits very well because it is any community stakeholder that has an interest in this planning.

Dr. Fildes reviewed the draft TNAT bylaws with the taskforce and commented that under Article IV, the primary purpose of this particular committee is advising and assisting the RTAB in the development of objective criteria to assess the future need for the expansion of the Southern Nevada Trauma System. The process will be done through the Section 2 functions of Article IV, which include: 1) data analysis; 2) use of external Needs Based Assessment of Trauma Systems (NBATS) tools and frameworks; 3) the development of some objective criteria to guide considerations; 4) The assessment of the geographic and demographic area in which we work; 5) report to the RTAB for consideration and further to the Chief Health Officer and Board of Health (BOH). He added that in Article V, the membership is laid out pretty clearly and the term of membership will be until their task is completed. He asked for guidance from the Health District staff on the anticipated time frame.

Dr. Iser reported that BOH agreed to give this taskforce the authority to develop objective criteria and make recommendations to the RTAB to then forward to the BOH. He felt that 6 months to a year might be an appropriate amount of time but in the end it is really up to this taskforce to determine as to how much time you think you would need to come back with those needs based recommendations.

Dr. Fildes continued with Section 4 of Article V stating that each member may designate an alternate member to serve in their place should they become temporarily unable to perform the required duties.

Mr. Hammond requested that he would like to add one line to that particular section stating that "Any alternate must be submitted to OEMSTS a minimum of 48 hours prior to scheduled taskforce meetings". The taskforce agreed.

Dr. Fildes continued with Section 5 of Article V noting that the customary compensation language has been used. Section 6 stated “Members shall disclose any direct or indirect interest or relationships with any individuals or an organization that proposes to enter into any transactions with the TNAT” and asked the Health District if they could expound on that language since on some level all of them are conflicted.

Mr. Hammond stated that it is understood that everybody has bias based on where they work. It is whether or not you allow that bias to affect your decisions or you can sublimate that bias and make a decision based on the needs of the group. There are a lot of committees here at the Health District including the BOH that have a lot of conflicting interest and they have to come to that conclusion prior to the meeting if they are voting on something that is within their own purview.

Heather Anderson-Fintak, Associate Counsel for the Health District stated that each member has to make the determination that they can make an unbiased decision based upon their relationship with whatever entity that they are representing. She referred to Nevada open meeting law NRS 241 for more information that lists specific disclosures.

Dr. Carrison questioned if there was a penalty if someone decided he had a conflict of interest and who would adjudicate that issue. Ms. Anderson-Fintak stated it is the determination that you make in that given circumstance. If someone wants to make a complaint, they would make it to the Attorney General’s office and they could make a review of the situation and determination.

Dr. Iser gave a couple of examples on indirect and direct conflicts of interest. This group decided to hire the Nevada Trauma Institute to do a study and Dr. Fildes happens to be the 100% owner of that Institute. That would be a direct conflict of interest and so he would recuse himself on that vote. Another example would be this group decided they wanted UMC to be the organization to do that study and since Dr. Fildes works at UMC that would be an indirect conflict which he might want to disclose but then also say this would have no bearing on how he voted.

Dr. Fildes stated that he appreciated that clarity. He restated that their purpose is for advising and assisting the RTAB and developing objective criteria to assess the future needs of the system and felt they should focus on whether there is or isn’t a need.

Ms. Renner questioned how they make the disclosure.

Dr. Iser informed her that she would make the disclosure prior to the vote either to recuse yourself or to vote based on the fact that your relationship doesn’t affect how you would vote.

Dr. Dort stated that the thought is they are not going to be voting on institutions, they are just going to be voting on data and criteria.

Ms. Renner remarked that she previously did bring up concerns about the biasness with the RTAB. She stated that it was mentioned earlier that there weren’t any unbiased sources. She disagreed and stated that if you go outside of the community there are trauma experts that can vet and make recommendations that don’t have a stake in any of our hospitals. She felt that whatever tool or product comes out of this committee that those experts are still options because it doesn’t always have to be simply those that make up all of trauma hospitals here in Clark County.

Dr. Iser stated that would be up to the taskforce to determine. What this taskforce has been given by the BOH is the charge to develop objective criteria. He felt that they shouldn’t assume that they cannot do that as a group with all the expertise on this taskforce. If this taskforce comes to a conclusion that they cannot do the task at hand then we would look outside.

Dr. Carrison agreed adding that he believed if everybody works and agrees on what the objective criteria is then there won’t be a conflict. As Chairman of the Medical Advisory Board (MAB) he wants objective criteria that they could use and take the emotion, money and politics out of it and have a taskforce led by Dr. Fildes and Ms. Doane as the Vice Chair.

Dr. Fildes stated that they are charged with trying to create measures that are locally relevant. Mirror the framework of thought that is used at the national level and this will all be objective. In the end the final discussion is really going to be whether or not on multiple levels we are leaning in towards a generalized system, a regionalized system or a centralized system. He felt that they will come up with

good objective measures that are locally relevant which can be interpreted locally and internally and would enhance the experience of an external group if they come here.

Dr. Fildes continued with Article VI Officers of the Bylaws: Officers will be Chair and Vice-Chair. Members will elect the officers to service, the Vice chair will automatically be placed to chair should the chair be unable to perform his duties. He disclosed that he and the vice chair discussed today's agenda in advanced of the meeting. In Section 1 of Article VII, it states that regular meetings will occur at a frequency that is determined; each meeting will comply with the applicable open meeting law standards. He added that at present they are trying to meet at least monthly until they complete the 6 months to a year's worth of work. Notice of meetings will be usual business and quorum has been described. Section 4 states that each member should have one vote including the chair who may vote on all issues before the body. A motion shall be passed by simple majority, voting shall be done by roll call upon request of any member.

Dr. Carrison questioned the statement of a motion shall be passed by simple majority and asked if (3) people show up to a meeting, would a (2) to (1) vote pass a motion. Ms. Palmer advised that in order to vote there would need to be a quorum and in order to achieve a quorum, 50% + 1 of the members need to be present for the meeting.

Ms. Renner stated that because this is such a large group and it might be difficult to get half of the members to attend she suggested quorum be a 2/3rds vote instead of a simple majority. She added that as a committee they should be pretty close to a unanimous or at least a 2/3rds vote when agreeing on the what parameters should be measured when coming up with an objective tool.

Mr. Hammond explained that all the Health District's committee's are governed by Robert's Rules of Order and use the majority vote requirement. He understood her concerns about those individuals not being represented during votes, but felt they should be there and be represented during the votes.

Dr. Iser suggested she make that motion. If it gets seconded then this group would vote and the bylaws would change.

Member Renner made the motion to have the voting be by 2/3rds of quorum. Seconded by Member Dokken.

Ms. Yedinak questioned if alternates are allowed to vote. Dr. Iser stated that alternates are allowed to vote if given the 48 hours notice previously discussed.

Dr. Carrison commented that it would be 2/3rds of the quorum so if a quorum shows up and there are 11 people who make a quorum then it only takes 2/3rds of that of 11 so we really haven't solved anything. He felt that solution is everybody shows up.

There was a suggestion made to change the definition of a quorum. Dr. Fildes stated that they have a motion and second that is currently under discussion which will need to be completed before putting another motion on the table. He stated that if they are going to move forward and make change they stay with the rules of order of the parliamentary process that the Health District has traditionally used. He confirmed that he will personally vote against a 2/3rds of quorum and will go for the simple majority as it appears in all other sets of bylaws.

Ms. Renner exclaimed that it would have to be 2/3rds of the entire body regardless of who shows up.

Dr. Carrison felt that the biggest issue would be members missing two scheduled meetings and their seat declared vacant.

Ms. Dokken stated that the quorum would change when those seats become vacant. She agreed with the 2/3rds vote of whatever the denominator would be.

Dr. Carrison questioned if this can be revisited if there is a problem. Dr. Iser answered in the affirmative.

Dr. Carrison expressed the fact that he is not here to fight, he is here to establish measurable criteria and present that information to RTAB. He added that they need measurable criteria and standards and it needs to be based on facts and not emotions. He felt people need to attend these meetings.

Dr. Fildes remarked that if they have 20 members and it takes 11 to have a quorum, a simple majority of the 11 would be 6 votes. If you wanted a 2/3rds you would need to have 8 votes.

Dr. Iser agreed and added that the Facilities Advisory Board (FAB) was having problems getting a quorum so they decided that each corporation would have (1) vote. He stated that may not be a solution for this taskforce but there are different ways to count membership to consider.

Ms. Taylor felt that there is still a concern about some prejudices within the room. She agreed with the example Dr. Iser gave with regard to one organization, one vote which would lessen the opportunity for prejudice

Ms. Dokken declared that this taskforce should be representing the trauma system, not the individual facility.

Dr. Fildes stated that there is a motion and a second on the floor to change the wording of Section 4 in Article VII and replace "A motion shall be passed by a simple majority" to "A motion shall be passed by a 2/3rds majority of the quorum". Dr. Fildes did a roll call vote.

Aye: Renner, Johnson, Rudd

No: Fildes, Carrison, Dort, Hudema, Dokken, McSwain, Pullarkat, Taylor, Nansen, Breeden, Driggars, Yedinak, Kuhls

There are 3 in the affirmative and 13 in the negative. The No's have it and the motion is defeated.

Dr. Fildes continued reviewing the Bylaws. Article VIII, Parliamentary Process: The rules contained in the current edition of Robert's Rules of Order newly revised shall govern this taskforce and has pointed out by staff these can be modified going forward if agendized in advance.

Article IX, Motions: A motion shall be made by any member of the taskforce. Motions will be restated by the chair prior to a vote, I hope I did that correctly in the last round.

Article X, Minutes: Accurate minutes of the taskforce meetings and each subcommittee subject to the Nevada open meeting law will be recorded and have the right to review and make corrections.

Article XI, Amendments: "Recommendations of changes to these bylaws may be forwarded to the OEMSTS Manager by the Chair of the TNAT with the consent of the RTAB. All changes are made under the sole discretion of the OEMSTS Manager or his designee."

Mr. Driggars expressed the fact that there are currently a total of 20 members on the roster and felt that there's disproportionate representation from the hospital systems. He stated that he would like to propose that they put a cap on the number of representatives per hospital system that are on the board. He added that one particular group has 7 names on the list and felt that is close to a quorum of itself.

Dr. Fildes questioned if he had language to propose as a motion.

Mr. Driggars felt that they should discuss what an appropriate number to cap would be and suggested somewhere between 15 to 20% that each entity would be allowed to have sit on the board. He added that when you look at Section 1 of Article V, there is a list of certain people holding certain positions that would definitely be afforded a spot on the taskforce and felt that item E: "Representatives from interested trauma stakeholders" category is where the extra individuals are falling.

Dr. Fildes stated that interested trauma stakeholders are more than institutions interested in developing trauma programs. They could include payors of medical benefits, public representatives and additional people from the pre-hospital arena and added there could be a number of groups that fit into that category. He questioned what group he felt was under represented.

Mr. Driggars stated that there were a couple groups under represented but was more concerned with a couple of the groups that seem to be over represented on the member list.

Mr. Hammond commented that he understood Mr. Driggars concerns about the fairness of the process. This committee is tasked with developing metrics in regard to trauma system designation and moving forward with a dashboard of values that they can follow when needed. In order to do that, there is representation from those individuals who are currently providing trauma care and it is weighted representation, they are already performing the task and they are already trauma experts. Any decision

made by this board will be moved up through RTAB to advise Dr. Iser and remarked that he didn't see this as having too much of an effect of how this process is going to move forward.

Dr. Iser recommended that this taskforce move forward the way it is now despite concerns and see if you run into issues.

Dr. Fildes questioned if there are any other discussions on that point. Hearing none he stated that he agreed with Dr. Iser to keep an eye on that concern. Going back to Section 1, Article IV; the purpose of this group is to develop objective criteria for assessment of future trauma needs and to advise them thru the RTAB. He felt that if they continue to work with and make relevant on a local level some of the principles from the NBATS tools, issues like population density and trending of populations or traffic motion studies become too controversial. If there is a sense that that is not happening, then at that time they can amend a change in the composition of the group.

Member Carrison made a motion to accept the draft TNAT bylaws to include added language for alternates under Section 4 in Article V that was proposed by staff. Member McSwain second and Chairman Fildes called for a roll call vote.

Aye: Fildes, Carrison, Dort, Hudema, Dokken, McSwain, Pullarkat, Renner, Johnson, Taylor, Nansen, Breeden, Driggars, Yedinak, Kuhls, Rudd

No: none

Chairman Fildes noted that there are 16 in the affirmative and 0 in the negative. The Aye's have it and the motion passed unanimously.

B. Further Develop Standardized Measures for Assessing the Needs of the Trauma System

Dr. Fildes stated that last month Vice Chair Amy Doane suggested that they distribute the NBATS document which is included in the handouts. He suggested that be taken for a self study as a way of preparing an agenda for next month.

C. Next Meeting and Agenda Items

Dr. Fildes stated that in addition to reviewing the NBATS document he would also like to review the TNAT worksheet also in the handouts. He added that there was initially another document that was started at a previous meeting that he will work with staff to blend with this TNAT worksheet to make it a more meaningful working document. He stated that he will try and get it out for consideration prior to assembling the agenda for next month. Dr. Fildes stated that the next meeting needs to be scheduled and asked the members for their input.

Dr. Iser asked if he would like to try and set up a routine like the 4th Tuesday of every month.

Dr. Fildes stated that he would prefer if there could be some sort of a web scheduling tool that you could send to each of the members so that they could prioritize.

Dr. Iser suggested doing a Doodle Poll.

Ms. Palmer questioned if Dr. Fildes had some alternate suggestions so we could add it to the poll. Dr. Fildes stated he will get those dates to her as soon as possible.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

Mr. Hammond stated that at the request of the BOH, he contacted the ACS in regard to our needs based assessment for the previous (3) trauma center applicants. He reported that they have scheduled a phone conference in September and one of the topics they will discuss is if they can actually assist in taking a look and validate our processes.

- 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 taskforce wishes to extend the length of a presentation, this may be done by the Chairman or the Community by majority vote.

Chairman Fildes asked if anyone wished to address the taskforce.

Jeanne Freeman with the Division of the Public and Behavioral Health and Manager of the Nevada Trauma Registry advised the taskforce that she will be available for questions regarding data as they work forward with this process.

Dr. Iser indicated that they are in the process of taking over for the trauma registry and what they agreed with the Division of Public and Behavioral Health was that we will run these in parallel for a couple of months to make sure that the data that Jeanne gets is the same data that we are getting and then the process would be transferred totally to us and it would be open and available. They plan to have an open portal so that whatever data is collected can be analyzed by anyone.

Chairman Fildes asked if anyone else wished to address the taskforce. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

As there was no further business on the agenda, Chairman Fildes adjourned the meeting at 3:35 p.m.