



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

DIVISION OF COMMUNITY HEALTH

TRAUMA NEEDS ASSESSMENT TASKFORCE (TNAT)

October 18, 2017 - 3:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chairman, UMC	Sean Dort, MD, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital	Hilary Mauch, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena	Kim Cerasoli, RN, UMC
Amy Doane, Vice Chair, Sunrise Hospital	Sajit Pullarkat, Centennial Hills Hospital
Stacy Johnson, RN, Mountain View Hospital	Danita Cohen, UMC
Deborah Kuhls, MD, UMC	Kelly Taylor, LVMPDEHWT
Frank Simone, Paramedic, EMS Provider (Public)	Gail Yedinak, UMC
Dorita Sondereker, RN, HCA (Alt.)	Jennifer Kocis, HCA (Alt.)

MEMBERS ABSENT

Adam Rudd, Southern Hills Hospital	Shirley Breeden, Public Representative
Jennifer Renner, RN, HCA	Daniel Llamas, Sunrise Hospital
Jason Driggars, Paramedic, EMS Provider (Private)	

SNHD STAFF PRESENT

John Hammond, EMSTS Manager	Laura Palmer, EMSTS Supervisor
Michael Johnson, PhD, Dir. of Community Health	Heather Anderson-Fintak, Associate Attorney
Scott Wagner, EMS Field Representative	Gerry Julian, EMS Field Representative
Judy Tabat, Recording Secretary	Lei Zhang, Sr. Informatician

PUBLIC ATTENDANCE

Brandi Planet, Ferrari Public Affairs	Erica Nansen, UMC
Stephanie Lim, Spring Valley Hospital	August Corrales, UMC

CALL TO ORDER – NOTICE OF POSTING

The Trauma Needs Assessment Taskforce convened in the Red Rock Trail Conference Room at the Southern Nevada Health District (SNHD), located at 280 S. Decatur Boulevard, on October 18, 2017. Chairman John Fildes called the meeting to order at 3:32 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fildes 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 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 Taskforce 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: 09/19/2017

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Solicited Comments Sent to the OEMSTS

Dr. Fildes stated that at last month's meeting it was recommended that members email their suggestions for the proposed data dictionary to the OEMSTS for review.

Mr. Hammond reported that his office only received one suggestion submitted by Jen Renner which read:

Example: G. Are the incidents of patients meeting trauma criteria for the appropriate step level increasing at a non-trauma hospital (Step III and IV for a level III, step I and II patients for a level I or II)? (based on State Trauma Registry data)

Dr. Fildes stated that he had the opportunity to download and review the state trauma annual report and questioned how that information will be collected.

Mr. Hammond asked Lei Zhang if the data that is received from the state is extractable. Mr. Zhang answered in the affirmative.

Dr. Fildes stated there was some conceptual conversation last month that didn't get nailed down about the data that will be collected from the state. He felt that in the analysis of that data they would be looking for patients with the following: an injury diagnosis who are admitted to a hospital or transferred into a hospital and stayed for more than 24 hours and who would potentially qualify for the states trauma registry regardless of the method used to arrive at that hospital. He added that he suggested to Ms. Renner that they include her recommended comment as a new data field in the data dictionary alongside of the other fields that have been developed and work that into the policy/procedure of the trauma system going forward.

Ms. Doane agreed and felt that including the state data would give them a full picture and allow them to validate data or identify any discrepancies in data sets.

B. Review/Discuss Data Dictionary

Dr. Fildes suggested that the new language listed in the previous agenda item be placed in the proposed data dictionary at the top of page 4 of 12 so the flow would funnel down the number of patients to those that would access the system through 911 and be the final tier of the analysis.

Ms. Taylor felt it seemed logical.

Chairman Fildes asked for a motion to include this additional data point into the data dictionary at the location as discussed. Motion made by Member Taylor, seconded by Member Fisher and carried unanimously.

Mr. Hammond noted that Nevada Trauma Registry and the data submitted by the trauma centers need to be added in the Data Source field wherever the Southern Nevada Health District Informatics Analysis is listed in the data dictionary. Dr. Fildes agreed.

C. Review/Discuss Draft Needs Procedure

Dr. Fildes asked staff to walk them through the Needs Procedure. Ms. Palmer referred to the District Procedure for Use of the Southern Nevada Trauma System Needs Assessment Tool that was included in the committee's packets. It is formatted to match the look of the rest of the trauma procedures. The

purpose was to define the process for a quarterly system assessment of trauma needs using the Southern Nevada Trauma System Trauma Needs Assessment Tool. She added that there was some discussion at the last meeting as to whether this assessment was needed on a quarterly basis but a final decision was never made. The definition of needs assessment means the evaluation of the current level of performance of the Southern Nevada Trauma System coupled with certain projections to determine if trauma demands have exceeded system capacity. The procedure breaks down the steps the OEMSTS would follow on the time line agreed to by this taskforce or at the submission of any application to be a trauma center.

Ms. Doane suggested that under section IIA, change the wording to place the burden on the applicant to run the data according to the data dictionary so the OEMSTS would be serving as a fact check and validation instead of doing all the initial research.

Dr. Fisher felt that compiling data and statistics on a quarterly basis seemed burdensome and recommended doing it annually.

Ms. Taylor perceived section IIA to mean that the OEMSTS will validate the data that the applicant included in their application to become a trauma center and didn't feel that any wording needed to be changed.

Mr. Hammond asked Ms. Doane if she wanted to go forward with her suggestion. Ms. Doane stated she would not.

Ms. Palmer questioned if they wanted to include the language for "upon request by RTAB." The taskforce agreed.

Dr. Fildes asked for a motion to accept the District Procedure for Use of the Southern Nevada Trauma System Needs Assessment Tool with the discussed changes. Motion made by Member Dokken, seconded by Member Dort and carried unanimously.

Dr. Fisher commented that they are not going to hit the mark 100% the first time this needs assessment tool is used and felt this process needs to be re-evaluated at least on an annual basis or a continued assessment to fine tune the tool.

Mr. Hammond agreed that quality assurance is necessary for any process that is put in place.

A Motion was made by Member Fisher to add a Section III to the District Procedure for Use of the Southern Nevada Trauma System Needs Assessment Tool to read: Continuing Assessment of the Trauma Needs Assessment Tool be re-evaluated at the annual review. Member Doane seconded and carried unanimously.

D. Review/Discuss Assigning Weights to the SNHD Trauma Needs Assessment Tool

Dr. Fildes stated that in previous discussions there were a lot of innovative ideas about assigning weights to the needs assessment tool. He added that there was a desire to assign weights but felt it would require some degree of modeling instead of just guessing. He suggested two options: assign that task to the RTAB or this taskforce could design and deliberate on those analyses.

Ms. Doane stated that they had a robust discussion about this at the last meeting and felt that they reached a pretty good consensus on a stair step plan based on meeting a majority of criteria in each data set and questioned if that opinion has changed or if there were significant concerns.

Dr. Fisher stated that from their previous discussions and as a group they all agreed that Section 1 and 2 are probably the most key factors. He suggested that since Section 1 and 2 are the most important that new applicants need 2/3rds of their answers to be yes in each category and then for the other categories, 3, 4, and 5 that they require at least 1 yes answer.

Dr. Fildes interpreted that to say that Sections 1 and 2 have a high priority and a high weight. Sections 3 and perhaps 4 have an intermediate weight and that 5 and 6 have a lower weight or the lowest weight. Any attempt to make it more granular would have to be based on some modeling and that task could be assigned to the RTAB.

Ms. Doane again questioned why they think they need to assign that task to the RTAB. She agreed

with Dr. Fishers suggestions adding that is a way to move forward and can test the tool.

Dr. Fildes commented that on a process and procedure level this will be given back to RTAB to deliberate on and noted that they will have the authority to make changes and they see fit.

Dr. Fisher agreed that it eventually would have to go back there but wanted it to go back with something concrete.

Dr. Fildes questioned how many “yes” answers would be needed for each domain. The taskforce agreed on the following:

Section 1: Population, a minimum of 5 “yes” answers

Section 2: Median Transport Times, a minimum of 3 “yes” answers

Section 3: Lead Agency/System Stakeholder/Community Support, a minimum of 2 “yes” answers

Ms. Johnson felt that Section #4, Severely injured patients (ISS>15) discharged from Acute Care Facilities not designated as a Trauma Center is not a current issue in their system. She added that no one will enter as a Level I or Level II and felt that this should not be a requirement to enter as a Level III trauma center.

Dr. Fisher agreed stating that it would be very hard for those low-level centers to meet that criteria.

Ms. Taylor stated that this tool is supposed to be all inclusive and suggested to add a statement that this is more for a transition from a Level III to Level II or a Level II to a Level I. Dr. Fildes agreed.

Dr. Fisher questioned if they still want section #4 as a minimum or just for consideration like section #5 and #6.

Mr. Hammond felt that one of those questions in section #4 need to be a yes if the applicant is going to upgrade to show that they are seeing those kinds of patients or having to transfer those patients.

Ms. Dokken questioned how a Level III would do that when they don't receive those patients.

Mr. Hammond suggested adding another question for transfers in/out.

Ms. Doane suggested adding the verbiage “Are TFTC incidents from the current Level III centers catchment area to a Level I or II facility increasing?” as Item 4D.

Dr. Fildes questioned how they see that being operationalized. Dr. Fisher felt that a minimum of 1 out of 4 is adequate. Mr. Hammond agreed.

Ms. Taylor referred to section #5; Trauma Centers currently in the Las Vegas valley and asked if that question was being evaluated for the entry applicant or the upgrade applicant. She suggested that if was being evaluated for the entry applicant it should be moved above the current #4 question. The taskforce agreed.

Dr. Fildes stated that question #6 is a ratio calculation that was proposed by the American College of Surgeons (ACS). Since that information is already made available by the OEMSTS he questioned how relevant was that questions.

Ms. Doane clarified that this calculation is an ACS benchmark for the appropriate number of trauma centers allocated.

Mr. Hammond felt it speaks to capacity and capability.

Mr. Pullarkat questioned if this was a more appropriate question for an upgrade applicant. Dr. Fildes answered in the affirmative.

After considerable discussion, it was decided to move away from section #6 as written and adopt by reference the ACS guide to resources for optimal patient care as criteria. He felt that if a facility is going to apply to become a Level I or II center they should be able to at least on an informal level demonstrate that they possess the criteria that the college will come to verify.

Dr. Fisher voiced his concern about addressing centers changing levels versus de-novo centers. He felt ACS requirements for centers changing levels are a lot stricter then what is listed on this needs assessment tool. He didn't think they needed to address the upgrades in this document just because it is going to be far more rigorous with ACS.

Ms. Dokken stated she like the idea of this document being inclusive of new Level IIIs and upgrades within the system. She felt it was cleaner to say adopt by reference the ACS guide to resources for optimal patient care as criteria.

Dr. Fildes asked for a motion to move away from Section #6 as written and state that the Center must demonstrate that substantial compliance with the requirements of the ACS resources for the optimal care of patients. Motion made by Member Dokken, seconded by Member Taylor and carried unanimously.

Dr. Fildes asked for a motion to accept Southern Nevada Trauma System Trauma Needs Assessment Tool with the following changes to Sections #1, #2, #3, #4, and #5.

- *Section 1: a minimum of 5 “yes” answers*
- *Section 2: a minimum of 3 “yes” answers*
- *Section 3: a minimum of 2 “yes” answers*
- *Move Section 5 up and make it the new Section 4*
- *Add statement after new Section 4 to read: “The following section is to be completed only for applicants who ae already established in the Southern Nevada Trauma System and are seeking out designation upgrade.”*
- *Add item 5D to new Section 5 to read: “Are TFTC incidents from the current Level III centers catchment area to a Level I or II facility increasing?”*

Motion made by Member Fisher, seconded by Member Doane and carried unanimously.

Dr. Fildes wrapped up the discussion by stating that they have had quite good consensus on the data dictionary, the needs procedure and the weights. He felt the responsibilities that were placed on this group have been substantially met and proposed that these work products be forwarded back to the RTAB for completion as was described in the original call to action or statement that created this taskforce. Set out that as the procedure we were to follow.

Member Doane made a motion that the changes as discussed will be made and the final documents will be forwarded by email to the members of this taskforce for a yea or nay reply before forwarding to RTAB. Seconded by Member Dokken and carried unanimously.

Dr. Fildes stated that this means this taskforce has completed its work and this product will become the responsibility of the RTAB to complete.

Mr. Hammond noted that this taskforce is a child of the RTAB so the RTAB will choose to disband this committee as an agenda item.

E. Discussion of Upcoming Meetings (11/21/2017 2:30pm & 12/19/2017 3:30pm)

No discussion

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

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 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. 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 4:32 p.m.