



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

DIVISION OF COMMUNITY HEALTH

TRAUMA NEEDS ASSESSMENT TASKFORCE (TNAT)

February 21, 2017 - 2:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chairman, UMC	Amy Doane, Vice Chair, Sunrise Hospital
Sean Dort, MD, St. Rose Siena Hospital	Sajit Pullarkat, Centennial Hills Hospital
Alma Angeles, RN, Sunrise Hospital	Gail Yedinak, UMC
Kim Dokken, RN, St. Rose Siena	Kim Cerasoli, RN, UMC
Jennifer Renner, RN, HCA	Stacy Johnson, RN, Mountain View Hospital
Shirley Breeden, Public Representative	Kelly Taylor, LVMPDEHWT
Stephanie Miller, Southern Hills Hosp (Alt.)	Deborah Kuhls, MD, UMC (via phone)
Frank Simone, Paramedic, EMS Provider (Public) (via phone)	

MEMBERS ABSENT

Adam Rudd, Southern Hills Hospital	Chris Fisher, MD, Sunrise Hospital
Jason Driggers, Paramedic, EMS Provider (Private)	Daniel Llamas, Sunrise Hospital
Danita Cohen, UMC	

SNHD STAFF PRESENT

John Hammond, EMSTS Manager	Laura Palmer, EMSTS Supervisor
Michael Johnson, PhD, Dir. of Community Health	Scott Wagner, EMSTS Field Rep
Annette Bradley, Attorney	Judy Tabat, Recording Secretary
Lei Zhang, Public Health Informatics Scientist	

PUBLIC ATTENDANCE

Margaret Covelli, UMC

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 February 21, 2017. Chairman John Fildes called the meeting to order at 2:35 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: January 18, 2017

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Acceptable Criteria for “Population” Parameter

Dr. Fildes advised the taskforce that a small workgroup was held on February 8th to go over some of the data that has been assembled to date on population. He referred to the handout that summarizing the suggestions and asked Ms. Palmer to walk them through the document.

Ms. Renner voiced concern over her and her colleagues from HCA not receiving an invitation to that workgroup. Ms. Palmer apologized stating that a doodle poll email was sent out to everyone on the taskforce requesting possible dates and times for the workgroup. Dr. Fildes asked Ms. Palmer check her outgoing mail box and double check that email went out to everyone and report back to the taskforce. Ms. Palmer answered in the affirmative.

Ms. Palmer continued to walk the taskforce through the handout summarizing the suggestions.

For population, the group agreed to look at:

- Total Population – placed in the NBATS tool
- Population growth and TFTC Steps 3 and 4 – do a pin map of this, or at a minimum the zip code breakdown compiled by Lei.

For transport time, they looked at the current accepted times:

- Transport times no greater than 15 minute
- Star map and Diamond grid maps with approximately 15 minutes out from each current trauma center to look for areas of potential transport delays.

The workgroup suggested a check box system to be put in place where if all of the items on the check box were triggered, then a deeper assessment of the Trauma System need is due.

The check boxes should include:

- Transfers from non-trauma centers to trauma centers-the under triaged
- Unused capacity in the system. What was historic capacity, and monitor to see if we reach it.
- Is population increasing?
- Are population density and TFTC incidents per step trending together?
- Are transport times for step 3 and step 4 greater than 15 minutes?

She advised that the stats at the bottom of the page were the same stats used at the time of the last evaluation of trauma center applications. The second page shows the ratio of TFTC patient to population from 2010 to 2016.

Dr. Fildes stated that the analysis of general population shows the population of the valley is not increasing at a rapid rate but as a steady rate of about 40,000 to 45,000 lives per year. They looked at the density maps and the distributions and felt it was fairly uniform across the valley with some up ticks in the northwest and southwest corners. The workgroup looked at median transport times which have actually improved over time with the average at 15 minutes. He added that the reason behind building star maps or diamond grids originating at the acute care facilities in the valley and radiating out would show how much overlap or how much separation there is in terms of service to unique areas. He felt that if they could try to mesh together population growth to transportation characteristics it may start to further develop unique areas that require services. A second level of discussion with regard to population was the population of patients being transported. The reports showing the number of patients being transported is trending upwards but that is a bit more volatile from 2010 forward. The separation of those into patients who are step 1 and 2 that will go to level I and level II as opposed to

those that are step 3 and 4 that would go to level III became a question. It appeared as though there is more growth in the number of patients that are being triaged as step 3 and 4. There still doesn't appear to be growth in step 1 and 2 transport patients. Dr. Fildes asked if they had gone back and researched the high capacity marks for the system. Ms. Palmer stated that 2006 was the highest recorded year recording 6759 patients. She added that not all the data is in for 2016 but felt it would be around 6200. Dr. Fildes felt that if the numbers reach the 2006 level that would represent that the unused capacity in the system has been restored and there are opportunities to grow beyond.

Mr. Pullarkat questioned if there were any acceptable national standards. Dr. Fildes responded no adding this is quite unique. Mr. Pullarkat questioned if they have any data from other markets. Ms. Palmer stated she will research other systems.

Dr. Fildes stated that looking at the ratio of TFTC patient to population, 1 in about 350 to 400 is fairly consistent. He added that one reason they requested pin maps was to try and locate where patients arise from. He noted that it is not purely population driven. It is well known that certain parts of town generate large numbers of trauma patients and certain parts of town generate small numbers of trauma patients which can sway need. He noted that sometimes there is no population growth where large numbers of runs are coming from and that shouldn't be overlooked.

Ms. Taylor questioned the check box system that the workgroup came up with. She stated that she was under the impression that at least 4 of the 5 boxes needed to be triggered for a deeper assessment of the trauma system.

Dr. Fildes felt that was reasonable. This group was charged with developing measures that could be provided to RTAB and other committees to deliberate when the need for new trauma centers would arise. He believed it was hard to come up with a national benchmark that is locally relevant in every case but some of the suggestions seem to make good sense. It appears the unused capacity in the system may be back up to complete utilization. The population is increasing at a slow and steady well distributed pace. He recommended using the pin maps to show the density of TFTC incidents, star charts for transports greater than 15 minutes, overlapping transport areas and unique transport areas. He felt that should start to push enough information into the picture where predicting the next 2 or 3 trauma centers could take place at least on this one domain.

B. Review/Discuss Acceptable Criteria for "Median Transport Times" Parameter

Dr. Fildes noted that some of their previous discussion veered off into this agenda item and asked the taskforce for their thoughts on median transport times.

Ms. Johnson felt it was important not only to get transport times but see the whole picture to include response time and scene time.

Ms. Palmer questioned if she wants it from original dispatch time. Ms. Johnson felt that would be reasonable if everyone else agrees.

Ms. Taylor questioned how that information was pertinent to what they were tasked to do. She felt it was part of the system that they don't have any control over.

Ms. Renner felt that it was in their control. She added that the Health District is the governing body for the EMS system. If there is a problem with the response time being too long then that is something where the ambulance companies can be made aware and they could stage their ambulances appropriately. If there is an extended on scene time then that is an educational component that maybe needs to be addressed. She emphasized that in the whole picture, looking at a total response time of getting the patient from a scene of an injury to definitive care is what impacts the outcome of the patient not just the snippet of transport time.

Ms. Cerasoli asked about the cases when they are securing scenes.

Ms. Renner felt that all of that needs to be taken into account and felt that would play out in the numbers because you shouldn't have an over whelming amount of times that are extended because of the securing of a scene.

Mr. Hammond clarified that the Health District does not have the authority to regulate response times adding that is done with the franchise agreement. The operational aspects of how an ambulance

company whether be a private, public or any other is not in his purview.

Ms. Dokken commented that scene time is evaluated on every trauma patient that comes in by EMS. She added that from their data, scene time greater than 20 minutes is the exception, it doesn't happen.

Mr. Simone agreed adding that his agency evaluates all aspects of response time.

Dr. Fildes stated that he doesn't have any objections to looking at response times, scene times, transport times and might suggest that they receive an overview or report from Mr. Simone or from a member of a private or public transport agency who could just summarize the past data.

Ms. Palmer stated that she will pull that from their TFTC data.

Ms. Dokken was concerned about the amount of work it is going to take to drill down the questionable outliers in the data received. She added that she would be happy to look at the data if they can impact it but to Ms. Taylor's point she was not sure how much control they have over that.

Ms. Taylor suggested that if they are going to look at the data they should look at the time on scene or dispatch time to the time they leave and separate the 2 from the time they leave to the time they get to the hospital

Dr. Fildes reiterated that if they start with an overview and if it applies that something more needs to go forward then go forward. If not then we can have another discussion. I think it is not unreasonable to ask those questions.

C. Next Meeting and Agenda Items

Dr. Fildes stated that the next TNAT meeting is Tuesday, March 21, 2017 at 2:30pm. He asked the taskforce if they would like to hold another small workgroup on March 14th at 2:30 where they can revisit domains 1 and 2, population and median transport time.

Ms. Doane voiced concern with creating criteria so specific and in so much detail that it precludes everyone from ever being able to present a business case to the RTAB. She felt that they should be setting up broad and minimum criteria and feels like they are going down a road where we are trying to actually make the decisions

Ms. Taylor stated that should be covered under the stakeholder's domain which hasn't been addressed yet.

Ms. Doane suggested that they go ahead and formally agendize addressing the stakeholders support for the next meeting.

Dr. Fildes summarized that they will do a quick review on domains 1 and 2, agendize domain 3 and hopefully have a discussion on domains 4, 5, and 6 but if it doesn't reach a conclusion it at least creates a framework for discussion. The taskforce agreed.

Ms. Dokken added that because of the taskforce size she suggested no more than 2 from each party.

Ms. Hammond stated that the workgroup cannot be more than 8 members.

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 3:14 p.m.