# MINUTES

## EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

## TRAUMA SYSTEM ADVOCACY COMMITTEE

## APRIL 25, 2016 - 2:00 P.M.

### MEMBERS PRESENT

Erin Breen, UNLV, Chair
Senator Joyce Woodhouse (via teleconference)
Cindy Lubiarz, RN, Care Meridian
Alma Angeles, RN, Sunrise
Gail Yedinak, UMC
Abby Hudema, UMC
Shirley Breeden
Carl Nelson

### MEMBERS ABSENT

Dennis Nolan, Vice Chair
Kate Osti, Disability Advocacy & Law Center
Kim Dokken, RN, St. Rose Siena

### SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Rae Pettie, Recording Secretary
John Hammond, EMSTS Manager

### PUBLIC ATTENDANCE

Stacy Johnson, RN, MountainView Hospital

### CALL TO ORDER – NOTICE OF POSTING

The Trauma System Advocacy Committee convened in the Red Rock Trail Conference Room at the Southern Nevada Health District located at 280 S. Decatur Boulevard on Monday, April 25, 2016. It was announced that Senator Joyce Woodhouse would be joining the meeting via teleconference, and that Chair Erin Breen was going to be tardy. Shirley Breeden, acting as Chair pro tem, called the meeting to order at 3:10 p.m., and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law.

### 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.

Chair pro tem Breeden asked if anyone wished to address the Committee. Seeing no one, she closed the Public Comment portion of the meeting.

### II. CONSENT AGENDA

Chair Breen stated the Consent Agenda consisted of matters to be considered by the Trauma System Advocacy Committee (TSAC) 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/Trauma System Advocacy Committee: 3/15/16

Chair Breen asked for approval of the minutes from the March 15, 2016 meeting. *A motion was made by Member Hudema, seconded by Member Yedinak, and carried unanimously to approve the minutes as written.*

## III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Trauma System Advocacy Bylaws

John Hammond stated that the TSAC bylaws were not written in the same format as the RTAB and its subcommittees with regard to member composition. The membership for the other committees specifically states the type and number of representatives who may sit on the committee or board. The current TSAC bylaws do not.

Heather Anderson-Fintak, associate attorney for SNHD, noted the law changed in NRS 439 with regard to alternates who serve on public committees and boards. The rationale for the legislative change was to hold appointed individuals accountable with regard to attendance. Also, they wanted to ensure the appointed individual casts the vote. As a result, alternates may no longer serve. She suggested they be consistent with the Board of Health and follow suit. She added that members may take advantage of the conference call line or make other arrangements to avoid problems with meeting quorum.

Mr. Hammond stated that staff will revise the bylaws and bring back a draft for them to review at their next regularly scheduled meeting.

B. Discussion of Nominations for Standing Members

Chair Breen referred the Committee to the nomination form. She stated that elections will take place at the next meeting. Mr. Hammond asked that the interested parties complete and return the nomination form to the OEMSTS prior to that time for consideration. He reiterated that he will have the draft bylaws to review as well.

C. Review of Minutes from the 2015 Legislative Session

Mr. Hammond related that a sample budget was developed by Mary Ellen Britt that broke down the four categories the monies were to be earmarked, including full and part-time employees. He did not recall whether the information was presented. He attributes that to a misunderstanding of the trauma registry versus the trauma system. We need money for a trauma system; not a trauma registry. He stated he resubmitted the budget to the SNHD administration for the next legislative session. It includes injury prevention, education, and infrastructure. He removed the need for a part-time epidemiologist position since we are employing epidemiologists from SNHD. Member Hudema suggested they add funding for more rural training capability because of their proximity from available resources. She noted that there is a well-established rural trauma curriculum out of the ACS; however, we lack the resources to put it together at this point in time.

The Committee discussed other possible funding strategies before deciding to schedule a legislative workshop for further discussion. Mr. Hammond thanked the Committee for moving in this direction because the publicly noticed meetings put a burden on the OEMSTS staff.

D. Discussion of Committee's Position on the Pending Trauma Center Applications for Initial Authorization as a Center for the Treatment of Trauma from Centennial Hills Hospital, MountainView Hospital, and Southern hills Hospital

Chair Breen gave some background on the three pending applications going before the Board of Health. She stated she would like to address the RTAB as Chair of the TSAC to state their position on the recommendation. Mr. Hammond noted that members may lobby for their individual organizations, but they can't lobby as the TSAC. They can take the lobbying advice to Dr. Iser to

give to the SNHD lobbyist for further action.

*A motion was made by Chair Breen to support the Regional Trauma Advisory Board's suggestion to create a taskforce to develop criteria for when new trauma centers are needed. The motion was seconded by Member Hudema, and carried unanimously.*

## III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Dr. Young referred the committee to Parts I and II of the article "The Rumble & The Reversal" from *Crain's Chicago Business*. He sent the article to the committee as an informational read on the dynamics behind the decision making of whether to bring in a new trauma center or not. Following a decision not to open a new trauma center at the University of Chicago Medicine (U of C), organized protesters rallied for a trauma center to be built in a community that had a high number of stabbings, shootings, and high acuity trauma. The protesters went public and posted pictures of patients that were seen, including their medical records, in the newspaper. The activists' strategy became a problem the university couldn't ignore. They recruited students, religious leaders and other nonprofits to unify under an umbrella, Trauma Care Coalition. Increasing acts of civil disobedience eventually led the university to publicly support a regional solution to the lack of trauma care. Dr. Young stated it is interesting how finance and politics can steer a health system to reverse its course.

Member Yedinak noted that she didn't find any parallels to our situation in the article. It didn't expound on the formal process or involvement from the health authority. Dr. Young responded that the article vilified the U of C who initially announced they didn't have the money or resources to build a trauma center; yet, they had just opened a multi-million dollar education building. Member Hudema stated it was heartening that the community spoke and was eventually heard. Although there may have been a lot of political sword-wielding behind the scenes, it was the right decision for the citizens of that neighborhood to have a trauma center.

Dr. Young stated it is notable the article is framed in a business magazine which included a lot of financial numbers and the annual income of the residents. The ACS NBATS (Needs Based Assessment of Trauma Systems) tool can be used to assist regions currently struggling with the issue of new trauma center designation based upon the needs of the population served. EMTALA requires the hospitals to maintain a list of on-call specialists. A hospital only needs to have a call list to meet the needs of its community. So if meeting the needs of the community means transferring all of the patients with traumatic brain bleeds out, then they are meeting the needs of the community as long as there is a Level I or II trauma center to accept that patient. Because of this, each hospital doesn't have to have a fully in-depth multi-specialty call list. There have been occurrences where the inter-facility transfers end up burdening the system more than the extra transit time it would have taken to get to the specialty facility. Member Lubiarz expressed concern with regard to the small number of specialty physicians in Las Vegas. What if a specialty physician is already going to a Level III trauma center and a Level I trauma center needs that same specialist? Physicians have been encouraged to recruit other physicians to come to Las Vegas because of the shortage. Chair Breen stated this is her biggest concern about expanding the trauma system; the diminished level of care patients would be receiving.

Member Hudema gave some historical background on the advent of trauma centers in Chicago. A senior high school basketball player and top draft pick was arguing outside with his girlfriend when he was shot by a drive-by shooter. Since there were no trauma centers at that time, he lay awake and alert in the hospital as he slowly bled to death. That was the impetus for trauma systems and trauma center development.

Dr. Young commented that the motivation behind why you would start and expand into a Level III center is different than the motivation behind why you would start a Level I center, which takes into consideration issues such as mechanism and catchment areas. It's expanding your area to vacuum some of those areas that meet the mechanism criteria. Member Angeles stated the Trauma Needs Assessment Taskforce will evaluate the needs of the community. As our community grows and changes, not just as we expand out in the valley, but as the demographics in various areas change, we will see a shift in the

blunt and penetrating kinds of injuries moving to different areas. She understands the concern and motivation for EDs to become trauma centers but they also have to look at what is required to become a Level III. Personnel will need additional training to stabilize and get the patient to that higher level of specialty care; there are so many aspects to the discussion. Chair Breen stated she is confident the taskforce will develop criteria for when it is time to expand the trauma system.

## IV. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction. 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. All comments are limited to five (5) minutes. Chair Breen asked if anyone wished to address the Committee. Seeing no one, she closed the Public Comment portion of the meeting.

## V. ADJOURNMENT

As there was no further business on the agenda, *Chair Breen adjourned the meeting at 4:34 p.m.*