



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

JULY 16, 2014 - 2:30 P.M.

MEMBERS PRESENT

Melinda Case, RN, Chair, Sunrise Hospital	Chris Fisher, MD, Sunrise Hospital
John Fildes, MD, University Medical Center	Abby Hudema, RN, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital	Kim Dokken, RN, St. Rose Siena Hospital
E.P. Homansky, MD, MAB Chairman	Danita Cohen, University Medical Center
Erin Breen, Transportation Research Center, UNLV	Sajit Pullarkat, Centennial Hills Hospital
Senator Shirley Breeden, Public Representative	Stephen Johnson, EMT-P, MedicWest (Alt)
Shauna Davis, PhD, MPA, Children's Advocacy Alliance	

MEMBERS ABSENT

Kathy Silver, Health Services Coalition	Margaret Russitano, RN, Sunrise Hospital
Scott Morris, North Las Vegas Fire Department	

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director	Mary Ellen Britt, RN, EMSTS Manager
John Hammond, EMSTS Supervisor	Mike Bernstein, SNHD – OCDPHP
Michelle Nath, Recording Secretary	

PUBLIC ATTENDANCE

Daniel Llamas, Sunrise Hospital	Steven Tafoya, State EMS Program Manager
Dorita Sondereker, Southern Hills Hospital	Robert Horton, Las Vegas Fire & Rescue

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board convened in the Southern Nevada Health District (SNHD) 330 S. Valley View Boulevard facility, Conference Room #2 on July 16, 2014. Chairwoman Melinda Case called the meeting to order at 2:39 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairwoman Case noted that a quorum was present.

I. PUBLIC COMMENT

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

Chairwoman Case asked if anyone wished to address the Board. Seeing no one, she closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairwoman Case stated the Consent Agenda consisted of matters to be considered by the Regional Trauma Advisory Board (RTAB) that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Regional Trauma Advisory Board Meeting: 04/16/14

Chairwoman Case asked for approval of the minutes from the April 16, 2014 meeting. *A motion was made by Dr. Homansky, seconded by Dr. Fisher, and passed unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Welcome and Introductions

The newly appointed non-standing members of the RTAB were introduced. Former Senator Shirley Breeden will serve as the new general public representative and Dr. Shauna Davis is the new member representing health education and prevention services.

B. Report on Clark County Trauma System Plan Proposed Revisions

This discussion was deferred until completion of revisions to the Trauma Performance Improvement Plan.

C. Report on Clark County Trauma Performance Improvement Plan Proposed Revisions

Mary Ellen Britt reported that the work group will convene in August to continue working on the revisions to the Clark County Trauma Performance Improvement (PI) Plan. The work group will focus on revisions to the PI Plan that reflect recommendations found in the recently revised American College of Surgeons-Committee on Trauma *Resources for Optimal Care of the Injured Patient* book.

D. Report on Trauma System Advocacy Committee

1. Discussion of Southern Nevada EMS & Trauma System Press Conference
2. Discussion of Outreach Efforts to Increase Awareness about the Southern Nevada EMS & Trauma System
3. Discussion of Future Legislative Efforts Related to EMS & Trauma System Development and Funding in Nevada

Erin Breen reported that the Trauma System Advocacy Committee (TSAC) has been working to increase public awareness about the value of the trauma system. A marketing campaign is being developed to promote the system, and on May 16, 2014 a press conference was held to launch the trauma system awareness campaign. The speakers included representatives from the three trauma centers in Clark County, trauma survivors, EMS agencies, and current and former legislators. There was enthusiastic participation from many community partners. The trauma system logo was introduced at the press conference which includes graphics that illustrate the continuum of care which includes injury prevention, EMS, trauma centers, and rehabilitation services. The adopted slogan is "Serious Injuries, Superior Care, Trauma Systems Matter."

Obtaining a sustainable funding source for the EMS & Trauma System continues to be a priority for the committee. One option under consideration is the creation of a tax-exempt 501(c)(3) organization to support EMS and Trauma System activities. The Committee is also working on legislative efforts related to EMS and trauma system development and funding in Nevada. Senator Joyce Woodhouse has agreed to introduce a bill draft in support of EMS and trauma system activities statewide. There was discussion about pursuing a potential fee to homeowners and automobile insurance policies written in Nevada to create a funding source. Dr. Fisher posed the question of why the efforts to attach a fee to insurance policies rather than motor vehicle registration or license fees. Ms. Breen responded that many other states do fund their trauma systems with fees derived from registration and licensing; however, in the state of Nevada those particular fees are earmarked for K-12 educational purposes only.

Ms. Britt introduced Steven Tafoya, the EMS State Program Manager, and commented that he would be attending the TSAC meeting immediately following the RTAB meeting. The TSAC will be continuing their discussions about a statewide initiative to secure a dedicated funding source. It was noted that in conjunction with this effort, there is also another bill draft under consideration to move the State EMS Program from the State Health Division to the Department of Public Safety (DPS). In response, Mr. Tafoya reported that the Bill Draft Request for the potential relocation of the EMS Program was in the process of being withdrawn. He furthered that this was a result of the fiscal obligations that would be incurred by DPS for absorbing the program. Ms. Britt closed by noting that she and Mr. Tafoya will begin to develop a plan for moving the statewide initiative forward.

E. Committee Report: Southern Nevada Injury Prevention Partnership Meeting 7/10/14

Dr. Davis reported that strategies for public outreach campaigns are being developed, and they will be focused on injury prevention centered on the holidays for next year. She used the example of Halloween and noted it is one of the most dangerous holidays for children because they are being struck by cars as a result of jay walking. There are efforts underway to gather data which illustrate trends so that plans can be developed for community outreach and education. She commented that gathering data has been a challenge and she requested that Mike Bernstein give an update on the topic.

Mr. Bernstein confirmed that there are steps being taken to obtain accurate trauma data locally which will support the injury prevention efforts. He reported that the Health District's Offices of Informatics and Epidemiology will be collaborating with the Center for Traffic Safety Research for further development of the traffic-related data collection process. The goal will be to aggregate trauma data for motor vehicle crashes and develop a presentation to be utilized to educate legislators and the public about the importance of a primary seatbelt law. He also reported that there will be future grant opportunities for the Health District in partnership with the Clark County Coroner's Office for a sudden death registry and the collection of violent death information through the National Violent Death Report System. These data are significant in facilitating injury prevention partnerships and developing programs that are evidence based.

F. Update of Status of State Trauma Registry

Representatives of the state trauma registry have been working to get the registry back up and running. The non-trauma hospitals are able to enter data but the trauma centers are still having difficulty uploading data. There's a technical glitch and the SNHD Informatics program has offered technical support to work through some of those challenges. Progress reports will be provided as necessary.

G. Trauma Field Triage Criteria Data Report

The Trauma Field Triage Criteria Data Report depicted 94% of patients transported to a trauma center were adults and 6% were children in 2013. Of those patients, 75% met mechanism only criteria and 64% were discharged. Among pediatric patients, 77% were mechanism patients and 63% of the patients were discharged. There were very similar numbers in the first quarter of 2014 in the breakdown between adult and pediatric patients. However, there was a slight decrease in the number of mechanism patients to 66% and approximately 60% of patients were discharged in the adult population; whereas the pediatric patients were 81% mechanism and 51% were discharged. There will be future trending of these numbers and efforts are underway for the informatics and epidemiology personnel to assist in reporting more detailed analysis of the data.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Stephen Johnson reported the revisions of the EMS protocol manual are complete and training will begin in August. He commented that there were many revisions to the spinal stabilization protocol which will require extensive training. In addition, there will also be further training on the Trauma

Field Triage Criteria protocol, with emphasis on the Special Considerations, Step 4 criteria. The anticipated completion training date is by the end of the year.

He remarked that the Clark County Fire Department received body armor through a Department of Homeland Security Initiative grant and they would be participating in active shooter drills. He inquired if all trauma centers were currently drilling for this scenario to which the trauma centers confirmed they actively drill. The non-trauma center representative, Mr. Pullarkat, also confirmed that the non-trauma centers do exercises. Mr. Johnson posed the question if active shooter training were to be developed whether or not there would be interest to attend such training, and a majority of the members present agreed to participate. Chair Case remarked that having like protocols in place is a great idea and active shooter training would be a good topic for an agenda item.

B. Report from General Public Representative

Shirley Breeden reported there were no new items to report.

C. Report from Non-Trauma Center Hospital Representative

Sajit Pullarkat reported there were no new items. He inquired about any issues related to the transfer of radiological images and was informed by several members that the issues have been resolved.

D. Report from Payers of Medical Benefits Representative

Kathy Silver did not attend the meeting.

E. Report from Rehabilitation Representative

Margaret Russitano did not attend the meeting. Chairwoman Case reported that Ms. Russitano is participating in the Joint Commission assessment being conducted at Sunrise and added that there were no items to report.

F. Report from Health Education & Prevention Services Representative

Dr. Davis reported that there were no additional items to report.

G. Report from Legislative/Advocacy Representative

Ms. Breen informed the Board of the primary seat belt bill draft being introduced by NDOT during the upcoming legislative session. She added the Southern Nevada Pedestrian Task Force is seeking two bills, one to address school zones and the other for pedestrian safety zones. She also discussed another bill draft for mandatory motorcycle education for riders below the age 24. It would also target scooter riders and advocates are exploring the option for mandatory helmets as well as registration and licensing for operating a scooter. Dr. Fildes commented that the patients he has treated as a result of scooter crashes have poorer demographics and risk factors than the pedestrian patients. Dr. Fisher remarked scooters are not fundamentally safe for traffic flow.

H. Report from Public Relations/Media Representative

Danita Cohen remarked there were no items to report. She added she would make herself available to assist in the promotion of injury prevention efforts and would work with the SNHD staff to produce videos that will create awareness about the trauma system.

4. **PUBLIC COMMENT**

None

5. **ADJOURNMENT**

As there was no further business on the agenda, Chairwoman Case called for a motion to adjourn. A motion was made by Dr. Fildes, was seconded by Erin Breen, and passed unanimously to adjourn at 3:23 p.m.