



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
REGIONAL TRAUMA ADVISORY BOARD (RTAB)

September 17, 2019 - 1:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chair, UMC	Lisa Rogge, RN, University Medical Center
Kim Dokken, RN, St. Rose Siena Hospital (via phone)	Sean Dort, MD, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital	Georgi Collins, RN, Sunrise Hospital
Sajit Pullarkat, Administrator, Non-Trauma Hospital	Larry Johnson, Paramedic, Private EMS Provider
Erin Breen, Legislative/Advocacy	Cassandra Trummel, RN, Health Education
Danita Cohen, Public Relations/Advocacy	Carl Bottorf, General Public
Maya Holmes, Payers of Medical Benefits	Amy Henley, Rehabilitation Services (via phone)

MEMBERS ABSENT

Mike Barnum, MD, MAB Chairman	Frank Simone, Paramedic, Public EMS Provider
Jessica Colvin, System Finance/Funding	

SNHD STAFF PRESENT

John Hammond, EMSTS Manager	Chad Kingsley, Regional Trauma Coordinator
Michael Johnson, PhD, Dir. of Community Health	Laura Palmer, EMSTS Supervisor
Lei Zhang, Sr. Informatician	Brandon Delise, Epidemiology
Heather Anderson-Fintak, Associate General Counsel	Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Tony Greenway, Valley Health System	Stacy Johnson, MountainView Hospital
Stacie Sasso, HSC	Kim Cerasoli, UMC
Heidi Nolan, Nellis 99 MDG	Josh Monroe, Nellis AFB
Al Flowers, Nellis AFB	Victoria Ables, UMC
Scott Kerbs, UMC	Ryan Fraser, AirMed
Gail Yedinak, UMC	Jennifer Lopez, R&R
Margot Chappel, State of NV (via phone)	Brett Olbur, Dignity Health
Syed Saquib, MD, UMC	Bobbette Bond, Culinary Health Fund

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board (RTAB) convened in the Red Rock Trail Conference Room at the Southern Nevada Health District, located at 280 S. Decatur Boulevard, on September 17, 2019. Chairman Fildes called the meeting to order at 1:30 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

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.

Chairman Fildes asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Stacie Sasso, Executive Director, Health Services Coalition, read a prepared statement for the record regarding concerns related to the Needs Assessment Tool. ([Attachment 1](#))

Chairman Fildes asked if anyone else wished to address the Board. 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 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: 07/17/2019

Chairman Fildes asked for approval of the minutes from the July 17, 2019 meeting. A motion was made by Member Rogge, seconded by Member Dort and passed unanimously to approve the minutes.

III. REPORT/DISCUSSION/POSSIBLE ACTION

- Review/Discuss Clark County Trauma Needs Assessment

Mr. Kingsley reported that the 2018 Clark County Trauma Needs Assessment Review, Version 2.0 was reviewed by the RTAB and community stakeholders in a previous meeting held in July. It was decided that there should be a final opportunity for public comments to be submitted to the OEMSTS in writing on changes and/or additions they would like to appear in the document and then reconvene at the next meeting to accept or reject the report as written. Mr. Kingsley summarized and addressed those concerns and gave an overview on the concept of the assessment. ([Attachment 2](#))

Mr. Kingsley stated that the only updates made to the 2018 Clark County Trauma Needs Assessment Review, Version 2.0 were the following:

Page 27 Clark County Median Transport Time: Step 1-4, 2013-2018 was further defined

Page 28 Clark County Median Transport Time: Step 3-4, 2013-2018 was further defined

Page 43 Trauma Centers 5-Mile Radius Map was added

Page 49-56 Trauma Centers & 2019 Applicants 5-Mile Radius Maps were moved to the appendix

Chairman Fildes asked for a motion to approve the 2018 Clark County Trauma Needs Assessment Review, Version 2.0 as written. A motion was made by Member Fisher, seconded by Member Dort and passed unanimously.

Chairman Fildes stated that the RTAB has been tasked by the Board of Health (BOH) for an advisory statement of observations to be accompanied by a few sentences describing the rationale. He added that he took the liberty to draw up some very early draft materials to share with the Board. The first document is a one-page bullet point list of some observations that have been reasonably well agreed upon. The 2nd document would be to take those observations

and to put them in the left-hand column of a spreadsheet accompanied by a column referencing the needs assessment review and a 3rd column with a few sentences of rationale. He asked the Board for a discussion on which of the 2 documents would be more useful. After a brief discussion it was decided to use both with the bullet point list as the executive summary.

Chairman Fildes stated that the next step would be to choose those findings. He added that he used past meeting minutes and the assessment review to select the 12 items that seemed to be reasonably agreed upon. He stated that it would be the job of the RTAB to tailor these statements into an advisory that they could vote on and have a majority opinion. Where there is a minority opinion, he would recommend that they take those opinions and collect them on a separate section so they can also be reviewed.

1. The deliberations of the regional trauma advisory board (RTAB), the trauma medical audit committee (TMAC), the medical advisory board (MAB), and the Southern Nevada Trauma System (SNTS) show that the SNTS, in its current configuration, is meeting the needs of Southern Nevada. There is no urgency to add additional Level 3 trauma centers at this time.

Ms. Collins questioned how you would define urgency. Chairman Fildes replied that the time table for that decision would be made the State.

2. The existing trauma centers at UMC, Sunrise and St Rose have additional unused capacity.
3. The population of Clark County is growing at the rate on 0.6% per year. Further, it is growing in a centrifugal pattern. The zip codes along the 215 Beltway are growing at the fastest rate.
4. The mandatory transport of patient's who satisfy Level 4 of the trauma field triage criteria (TFTC) to existing trauma centers has created a distortion in the total number of patients transported to trauma centers. This has been interpreted as a sudden uptick in trauma volumes in the Las Vegas valley. This issue should not drive the urgent expansion of Level 3 trauma centers.

Chairman Fildes commented that this has had several unintended consequences that are driving the discussion to add more trauma centers. These include but are not limited to:

1. What seems like a sharp uptick in trauma volumes in the LV Valley
2. Concerns that patients can no longer receive care near their homes or communities
3. A sharp uptick in the cost of treating these patients.

Ms. Dokken felt that they should also add to the rationale that step 4 patients are not trauma team activation patients so there is no fee associated.

Mr. Kingsley questioned if that was consistent across all trauma centers.

Chairman Fildes felt that would have to be researched. He added that this is just the first pass to create some language around the issue. He wasn't saying that they shouldn't be treated in trauma centers, he was saying it creates a distortion of the data of the last 5 years and makes it look like there is a sharp uptick in trauma.

Mr. Kingsley voiced concern that they don't know if it was an uptick. It is unknown if the 2016 data was correct or that it was reported correctly. He added that those step 4 patients are step 4 patients and if they are not in the TFTC and not at a trauma center then they are at a non-trauma center.

5. Geo-referenced injury locations for patients who satisfied TFTC Level 3 criteria demonstrates that transport times are increasing slowly (insert 82 seconds over 5 years) in the Northeast, Southwest, and Northwest quadrants of the Valley of the Las Vegas Valley.
6. New trauma centers should be selected based on their proximity to patients who meet these Trauma Field Triage Criteria.

7. New centers should have minimal overlap or duplication of services with existing trauma centers.
8. The data shows that the projected needs will be located close to the edges of the populated portions of the Las Vegas Valley. Another way to say this is that the projected need will be along and outside the 215 Beltway.
9. The addition of new trauma centers should be a deliberate and data driven process that is based on patient need.

Chairman Fildes suggested adding outcomes to this statement.

10. The data shows that only one level 3 trauma center would be needed in each of the quadrants of the Las Vegas Valley. The most current data suggests that the need will present in the following order: NE, SW, and NW.

Chairman Fildes added that when you compare the 4% difference of patient volumes in the NW to the delays in ground transport times for level 3s & 4s, he felt it was nearly equal.

11. New centers should be added one at a time. (ALTERNATIVE - One new Level III trauma center should be added to the NE, SW, and NW at or outside the 215 Beltway.) This should be followed by a period of time to study the impact on the existing centers. This is likely to take between 2 and 5 years of prospective monitoring.

Chairman Fildes commented that you could say that 1 new level III could be added to each of the quadrants at one time with a period of adjustment and study before new applications would be considered.

12. The SNHD should develop an RFP process to meet future trauma center needs.

Chairman Fildes felt this list illustrates every approach he was trying to use summarizing meeting minutes and reports that have been part of public statements. He believes there are other recommendations and needs this Board to help articulate them.

Dr. Dort felt that Item # 3 and #8 seem similar.

Chairman Fildes explained that #8 is really about patients who satisfy TFTC and require transport whereas #3 was really about the growth pattern of the general population of the valley.

Mr. Hammond suggested changing #8 to read projected trauma needs.

Ms. Holmes voiced concern over specifically laying out the need for a trauma center in the NE, SW, & NW in #10.

Chairman Fildes stated that this is only meant to be a summation of the activities and deliberations they have held to this point. It is not meant to describe future options so it wouldn't be unreasonable to say that in their deliberations all 3 quadrants appear to have a need.

Ms. Holmes stated that at his point in time based on this data, the system is meeting capacity and is doing a great job. She felt it was premature to say there will be a need.

Mr. Kingsley suggested stating that the most current data suggests that future need will present in the following order.

Chairman Fildes agreed restating that future need will present in the 3 quadrants.

Ms. Holmes suggested adding a caveat that it will need to be reassessed on an ongoing basis.

Chairman Fildes stated that it is not urgent, but consideration could be given. There must be the right set of words to express this.

Dr. Fisher questioned if the OEMSTS will be doing a needs assessment each year and will the

RTAB be reviewing that data and providing yearly recommendations.

Mr. Kingsley answered in the affirmative.

Dr. Fisher felt that going forward they need to be careful with the word “needs” versus whether it benefits the community. He noted that with the capacity at UMC, Sunrise, and St. Rose it might be a decade before there is need. He felt they must look at whether it benefits those patients to go to a closer center. There is a difference between a need and benefiting the system. He remarked that there is a lot of information in the advisory position and suggested taking the time to go over this to make sound comments and then vote on each point at the next meeting.

Dr. Dort agreed but suggested adopting this document as an advisory statement that they seem to generally agree on and then include dissent statements.

Mr. Hammond felt that they should exercise a bit of caution in this regard since the State is taking over the authority of seeking the authorization for trauma centers. This would be only an advisory statement along with the Needs Assessment and the State can pluck out what is actionable and what is not based on their authority. He agreed with Dr. Fisher’s comments regarding the word “need” and stated they can change the title of the report to be a System’s Assessment.

Chairman Fildes agreed that system’s is a better word. He stated that they have been at this for almost 3 years and need to finish this process. He added that they have come to an agreement on a dozen or more points and need to articulate them because they may not be on this board the next time this discussion comes up. They must leave behind the legacy of this process of discovery.

Dr. Fisher agreed and added that many of the observations here are valid and those parties that have dissenting opinions or how they would reword things differently, could put that in a separate dissenting vote.

Chairman Fildes stated that he is going to describe a process that if agreeable would be to direct staff to provide this Board with an editable copy of the Advisory and to allow free track changing and to require the following things:

- Any new recommendations – column 1
- Any dissenting opinions
- Any rationale remarks

He felt that staff would be able to identify most of the analysis in the document in the Needs Assessment Review, Version 2.0 in the center column.

Mr. Kingsley reiterated that his office will send an editable copy of the Advisory out to the members of the RTAB to be returned to him within 2 weeks. He stated he would like the edits in red to indicate where he can reference them and then provide a final document that they can vote on at the next meeting.

Chairman Fildes answered in the affirmative.

Member Breen made a motion to adopt the Advisory Statement and direct staff to provide the RTAB with an editable copy to allow changes, new recommendations, and any dissenting opinions to be returned to the OEMSTS in 2 weeks and brought back to the next RTAB meeting for a final vote. The motion was seconded by Member Trummel and unanimously carried by the Board.

IV. INFORMATIONAL ITEMS / DISCUSSION ONLY

Mr. Kingsley informed the board that the next meeting will be held on October 16, 2019 at 1:30pm.

Ms. Breen reported on a county wide pedestrian safety event that will be held during the last week of October and the first week of November.

V. 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 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 include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Fildes asked if anyone wished to address the Board.

Dr. Syed Saquib, Medical Director for UMC Lions Burn Care Center, updated the board on their 2019 American Burn Association (ABA) site visit. He stated that overall it was very productive and complimentary visit specifically regarding the care that they provide to our patients. They were also very impressed with their dedication to research, education, outreach, and injury prevention. They identified an aspect of their program that they wanted them to strengthen specifically their PI process. They have since made numerous adjustments to the PI process which the ABA reviewers have blessed as being in line with expectations. The ABA has requested a six-month collection of this process which they anticipate will take them to spring of 2020. He added that the Southern Nevada Health District has been a great ally in providing the best care possible for burn patients in this community and thanked the board for the opportunity to address them.

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

VI. ADJOURNMENT

There being no further business to come before the Board, *Chairman Fildes adjourned the meeting at 2:58 pm.*