MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

June 18, 2019 - 1:30 P.M.

MEMBERS PRESENT

John Fildes, MD, Chair, UMC
Sean Dort, MD, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital
Erin Breen, Legislative/Advocacy
August Corrales, Private EMS Provider
Maya Holmes, Payers of Medical Benefits
Cassandra Trummel, Health Education
Lisa Rogge, RN, University Medical Center
Kim Dokken, RN, St. Rose Siena Hospital
Kim Royer, RN, Sunrise Hospital
David Carraway, Public EMS Provider (Alt.)
Carl Bottorf, General Public (via phone)
Danita Cohen, Public Relations/Media
Jeff Ellis, System Financing/Funding

MEMBERS ABSENT

Mike Barnum, MD, MAB Chairman
Sajit Pullarkat, Administrator, Non-Trauma Hospital
Billy Meyer, RN, Rehabilitation Services

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Joseph P. Iser, MD, DrPH, MSc
Michael Johnson, PhD, Director of Community Health
Heather Anderson-Fintak, Associate General Counsel
Judy Tabat, Recording Secretary
Christian Young, MD, EMSTS Medical Director
Chad Kingsley, Regional Trauma Coordinator
Laura Palmer, EMSTS Supervisor
Brandon Delise, Epidemiologist
Lei Zhang, Sr. Public Health Info Scientist

PUBLIC ATTENDANCE

Tony Greenway, Valley Health System
Dan Shinn, HCA
Gail Yedinak, UMC
Arek Tatevossian, Spring Valley Hospital
Matt Driscoll, R&R Partners
Laura Gryder, UNLV Som
Heidi Nolan, 99th MDG
Josh Monroe, 99th MDG
Jim Sullivan, Culinary Union
Dana Gentry
Daniel Llamas, HCA
Scott Kerbs, UMC
Kim Cerasoli, UMC
Kelly Stout, Bailey Kennedy
Stacy Johnson, MountainView Hospital
Samantha Slinkard, UNLV SOM
Scott Hughes, 99th MDG
Aaron Gordon
Eddie D.

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 June 18, 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.

1. **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.

The following public comments are verbatim transcription.

Good Afternoon, my name is Jim Sullivan, I’m here representing the Culinary Workers Union. Our non-profit labor management health trust, the Culinary Health Fund provides health benefits for culinary and bartender union workers and their dependents and covers nearly 130,000 lives. We are members of the Health Services Coalition which is a coalition of 25 employer and non-profit union health funds. The coalitions executive director, Stacie Sasso, was unable to be here today because of a death in her family so I will be reading this statement on her behalf. Our union and the Health Services Coalition as you know had been engaged in insuring that we have a strong and stable trauma system that provides cost effective and appropriate care to trauma patients when and where they need it. We want smart growth for the trauma system that ensures that we do not have an oversaturation of unnecessary care that will ultimately undermine the trauma system and drive up costs. We want to ensure our members in Nevada as a whole have access to quality affordable healthcare. That is the goal of AB317, a bill sponsored by Assembly Women Maggie Carlton which was passed in the legislature this session and was signed by Governor Sisolak last week. The law establishes a 2-step process for designating new trauma centers. First, the state must conduct a comprehensive needs assessment to determine if there is an area experiencing a shortage of care. Then the Health District will have an assessment process for designating which hospitals will add trauma capacity when need is determined. The assessment process must also look at the impact of adding new trauma capacity on existing centers simultaneously to make sure we are both meeting the need and not de-stabilizing existing trauma centers. We look forward to working with both the State and the County on this new process and development of the regulations at both the State and County levels. Also, RTAB and the Board of Health (BOH) really needs to examine the change in protocol that is not consistent with national standards for transporting step 4 patients. It is critical for RTAB and the BOH to ensure patients are not being sent to a higher level and much more expensive level of care than they really need which unnecessarily drives up healthcare costs and could take patients out of neighborhood ERs perfectly capable of treating them. RTAB, the BOH, and the State need to make sure that the change in protocol for step 4s is not artificially inflating trauma need in our community. Thank you and have a good day.

Good Afternoon, my name is Aaron Gordon, I am testifying as a long-time resident of the Las Vegas community and as a permanently disabled veteran who was injured on active duty. As a veteran and a person with a disability, I am acutely aware of the needs of someone who has experienced a traumatic injury. I am also aware of what would happen if adequate care were not available to a patient within a reasonable time. Surviving a serious catastrophic injury is incumbent upon the ability to reach the appropriate level of care in the least amount of time as possible. When lives are in the balance, time is of the essence and every moment counts. As a witness of traumatic injuries, I can tell you today it is literally a matter of life or death and I have witnessed both. It shouldn’t take firsthand experience or the experience of a loved one due to a traumatic injury to understand the importance of ensuring a trauma center, geographically located to ensure the survival of human life. The least amount of time and distance traveled after an injury is critical to
the survival of a patient. I find it unfathomable to suggest position of trauma care where people need it most is not a priority. In my career having witness traumatic injuries I can tell you first hand three of the most important aspects of a trauma center is location, location, location. All citizens within the Las Vegas valley and surrounding areas should take comfort in knowing that if they or their love ones require trauma care, it is available within a reasonable distance. Someone here today, or the life of someone they love has been affected either positive or negative due to the location of a trauma center. For those who have not of been affected, consider yourself fortunate to never have had such an experience but it is inevitable that some of us will have such an experience over the course of our lifetime. When someone should experience such an event, it is imperative for proper trauma care to be readily available. To understand additional critical trauma needs you much understand what happens in a trauma incident. In a traumatic incident, there is a need to ensure a victim is breathing, to stop any bleeding, and to get the victim as quickly as possible to a medical facility that is well versed in trauma care. Time and location are the essence. Let me emphatically say a patient who has to travel a long distance to receive trauma care is unacceptable. Besides the trauma received for the initial incident, any delay in transporting a trauma patient to a trauma facility will increase the chances of the body going into shock and vital organs beginning to shut down all within a matter of minutes. Again, time and locations are the essence. Therefore, I implore on you today to make a decision to authorize additional trauma center designations so traumatic injury patients within the Las Vegas valley and surrounding areas have a greater chance of surviving a traumatic injury. We must have a well thought out geographical locations of trauma care facilities for immediate trauma care as this is desperately needed throughout Southern Nevada. Thank you.

Chairman Fildes thanked all the speakers and asked if anyone else wished to address the Board 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 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: 05/23/2019

Chairman Fildes asked for approval of the minutes from the May 23, 2019 meeting. A motion was made by Member Corrales, seconded by Member Rogge and passed unanimously to approve the minutes.

III. REPORT/DISCUSSION/POSSIBLE ACTION

Review/Discuss Clark County Needs Assessment

Mr. Kingsley referred to the handout titled Proposed Revisions to the Clark County Trauma Needs Assessment Review adding that the following are key points that came from last month’s RTAB meeting that have been incorporated into version 2.0.

- Removal of Applicants from the report
- Simplification of maps
  - Trauma Heat Maps
  - Zip Code reference map
  - Absolute growth map imposed with a trauma heat map
- Incorporated revisions to TNAT data
Mr. Kingsley added that the outline of the Needs Assessment Review version 2.0 will be laid out as follows:

1. Title page: 2018 Clark County Trauma Needs Assessment Review version 2.0
2. Disclaimer/Forward: Provides explanation and motivation for revisions
3. Table of Contents
4. Zip code reference map
5. TNAT (includes updates, revisions, and additions identified from previous RTAB meetings)
6. Appendixes
   I. Map(s): Zip code absolute growth
      i. In development: Comprehensive map with absolute growth, overall trauma heat map
   II. Transport Heat Maps:
      i. Trauma Heat maps based on transport of >15, >20, >25 for step 3 & 4 2015-2018
      ii. In development: Trauma Heat map for all steps >15, >20, >25
   III. 5 region maps (in development)
      i. NW
      ii. SW
      iii. NE
      iv. SE
      v. Central (metro)
         1. Number of Trauma Patients
         2. Number of each Step
         3. Population
   IV. Transports by Step
   V. TMAC Letter
   VI. Trauma Patients living outside of Clark County
   VII. Applicant 5-mile radius

Mr. Kingsley reviewed the appendixes and displayed the zip code map showing absolute population growth from 2014-2017 in Clark County. He noted that the map shows growth by color from light to dark with the purple being the most significant growth. He added that another good suggestion is to have a trauma heat map on top of the zip code map where you not only see population but also transported trauma incidents.

Ms. Royer questioned if it was possible to include 2018 population growth. Lei Zhang stated that they rely on the Clark County demographers for that data which won’t be available until July or August.

Mr. Ellis questioned the 4-year growth rate of the zip code 89148 showing a population growth of 7083 to 15242. Mr. Kingsley stated that zip code had a 15,242 absolute growth rate but questioned if they will continue to see that growth.

Mr. Ellis stated that before they project forward, they need to know if there is any room left to grow in those zip codes.

Mr. Kingsley stated that he believed the demographer does consider projects that are in development and can give a rough estimate not just based off prior population but on projects, homes that are planned to be built.

Chairman Fildes added that the demographer may also be able to estimate the final population or have some top number on what they think will be on the ground in the next 5 or 10 years.
Dr. Fisher felt it would be hard to predict. Vegas does have city limits, but the periphery of the city is somewhat limitless. Growth goes up until the economy doesn’t support it. He felt decisions must be made based on the data.

Mr. Kingsley stated that population doesn’t drive trauma, population can grow but it doesn’t mean trauma is going to grow with it.

Mr. Kingsley displayed the heat maps which are transports based on >15 minutes, >20 minutes, and >25 minutes for step 3 and step 4 patients from 2015 through 2018. He explained that they tried to do heat maps for step 1 and step 2 patients but they had such small numbers that it created false positives. He explained that the heat map shows all the transported trauma cases that were in the valley and the red areas indicate the most concentrated areas.

Dr. Fisher stated that these maps provide some of the answers they are looking for.

Chairman Fildes agreed. There will be some clarity if you were to lay down existing centers with a 5-mile radius and then you could lay down individual applicant centers with a 5-mile radius and see where most of these patients originate.

Mr. Ellis expressed the fact that looking at the graphs, even with the population growth and the trauma growth, the current transportation trauma system has kept up with and met pretty much at the same level since 2013.

Chairman Fildes stated that his own search showed that there are a lot of different answers to that. If they are discussing new growth for level 3 trauma centers that will treat TFTC patients step 3 and step 4s, where the patients are fully awake and alert with stable vital signs, no lights and sirens transported at surface street speeds, there is not a clear national standard for what that transport time should be.

Dr. Young agreed, adding that he felt it is positive since they have had so many challenges with road construction projects and out of area transports. He agreed with Mr. Ellis, that they have kept up.

Mr. Corrales questioned if they looked at transport times for step 3 only.

Mr. Kingsley answered in the affirmative adding that step 3s started to increase in 2016.

Chairman Fildes noted that those heat maps show that there are cohorts of patients that are experiencing transport times of 20, 25 minutes. He felt they need to pay attention to those areas. He stated that in his conversation with other cities, they have created a tier response where step 3 or 4 patients might have a different response standard than a step 1 and 2 patients. That is not something the RTAB has deliberated on but that is something they can enumerate as a question going forward.

Mr. Kingsley asked the board if they felt it appropriate for doing that comparison of step 3s as a 4-year period from 2015-2018 showing on one page > 15 one page >20 one page >25 just for a basic transport heat map.

Mr. Corrales felt it was a good breakdown.

Chairman Fildes agreed. He felt that would give them a level of fidelity to try to look at where the most important cohorts are.

Mr. Kingsley displayed the 5-region map that is divided into NW, SW, NE, SE, and Central (metro) areas. He stated that Sahara is the division between the north and south which is also the line between city and county. North of Sahara he uses 5th street as the east/west divider and south of Sahara he used I-15 as the east/west divider. The central (metro) area is bordered by Decatur (west), Owens (north), Lamb (east) and Sahara (south). He felt that the southern boarder should extend to Tropicana, Russell, or Sunset and asked the board for their opinion.

After some discussion it was decided to drop the border for the metro area to Sunset to include the airport, stadium, and entire central part of the strip.
Chairman Fildes asked for a motion to approve in concept this general approach with the changes to be made to the metro portion as described. A motion was made by Member Trummel, seconded by Member Corrales and passed unanimously.

Mr. Kingsley recapped the discussion stating they would have the zip code map with absolute growth, with an overall trauma heat map to lay over it to show transports. Transport heat maps which will break down our transports for >15, >20, and >25 for step 3 and step 4 patients and compare it by 4 years. Then a regional map to see trauma within those areas.

Dr. Fisher stated that in looking at the 5-region map, perhaps they would want to black out the data for the central metro area so the data points in that metro area don’t affect or dilute the numbers from the other 4 quadrants. He added that he didn’t think anyone would dispute that they already have good trauma coverage in our metro area. The board agreed.

Mr. Kingsley stated that the next appendix is transports by steps which breaks down the transports by each step. This was included in the prior report. For Appendix V, he added that at the last RTAB meeting this board voted on including a letter from the TMAC in the assessment. He asked Dr. Dort to read the letter.

Dr. Dort explained that the TMAC is a trauma medical audit committee that is a peer review committee. He stated that this is a general statement saying the following:

- For 2018, TMAC has reviewed trauma cases as an evaluation of trauma care. In a review of those cases, TMAC has not found any significant variance of trauma protocols or regulations.
- For 2018, TMAC has not identified any significant change in trends in system performance.
- For 2019, TMAC recommends a review of the current Southern Nevada Trauma System Plan and update if deemed necessary.

As part of the TMAC’s purpose to implement improvement activities to ensure quality care throughout the trauma system, it reports that the current trauma system is functioning efficiently. TMAC recognizes the importance of controlled and appropriate growth of the trauma system for future sustainability.

Dr. Dort stated that he didn’t think that there was anything in that statement that would bring up too much debate or argument. It is a general statement saying that they haven’t found any trends that would show need or problems with the system during their quarterly meetings where they review deaths and peer review cases brought to the committee.

Chairman Fildes suggested adding that the TMAC did not see any aberrations in “out of hospital” deaths or any problems with trauma patients treated in non-trauma center hospitals. He added that they didn’t see or receive any complaints from either uniform service, 911 agencies, referring hospitals, or from any patients in the valley.

Dr. Dort agreed stating that is something that is reviewed at the TMAC meeting.

Mr. Kingsley stated that the next item is trauma patients living outside of Clark County to determine how much of our tourist industry is part of our trauma system. He asked the board if they felt this is an appropriate digestible report for the community, BOH, and for those stakeholders that are looking at a general assessment of Clark County.

Chairman Fildes suggested adding that the TMAC did not see any aberrations in “out of hospital” deaths or any problems with trauma patients treated in non-trauma center hospitals. He added that they didn’t see or receive any complaints from either uniform service, 911 agencies, referring hospitals, or from any patients in the valley.

Dr. Dort agreed stating that is something that is reviewed at the TMAC meeting.

Chairman Fildes stated that he wanted to raise a few qualifying issues. In version 1.0 of the Clark County Needs Assessment, many of the questions were answered by the District and some of them left an opportunity for clarifying comments which what was the BOH asked for. Not just a yes or no answer but then explain why it is yes or why it is no. He referred to the blank Trauma Needs Assessment Tool that was passed out to each member of the RTAB.
Section 1. Population:
A. Is the Las Vegas valley population increasing? The answer was yes and then using the data from the report, he calculated an annual growth rate of 1.35% and the report lists the growth rate at 5.6%. There is a discrepancy between the data’s presented on the tables and the calculated growth rate and felt that this needs to be justified.
B. Is the Las Vegas Valley population projected to continue increasing? The demographer appears to imply that it will, but he felt that they don’t know what will happen in the future as they experienced in 2008 with the recession which had a huge decrease in the valley’s population. He suggested that they move forward working only with what they have in front of them and using the best possible data.
C. Is an area of the Las Vegas valley demonstrating population growth at a faster rate than the rest of the valley? He felt the new zip codes maps are quite helpful. He also suggested asking for a build out number or a top end number from the demographer would be helpful.
D. Are areas of population growth projected to continue growing at a faster rate than the rest of the valley? Again, that is presumed.
E. Is there an increase in TFTC incidents in the area of population growth? He felt the heat maps have substantially answered Item E & F.
F. Are the TFTC incidents for the appropriate step level increasing (Step III and IV patients for level III center, Step I and II patients for a level I or II center)?
G. Are incidents of patients meeting trauma criteria for the appropriate step level increasing at a non-trauma hospital (Step III or IV for level III, Step I or II for level I or II)? The TMAC did not find a trend in that area. The state trauma registry did, there will have to be some reconciliation or some discussion around that point going forward.

Section 2. Median Transport Times:
Chairman Fildes felt that the heat maps have substantially advanced their understanding of transports and locations and origination of patients. He added that the use of the quadrant system as opposed to the archery target approach is a reasonable and a good way to go. He asked for discussion from the RTAB members as to how they feel about the adequacy of the heat map data and the quadrant approach versus some other method.
Ms. Dokken stated that she supported the quadrant approach.
Dr. Fisher stated that periphery implicates a circle or an archery approach. If most of the concern is what’s lying at the outskirts of the perimeter of the city, then you’re worried about how far you are from the center of the city versus the quadrants, which they are not seeing on the heat maps.
Chairman Fildes stated that will be part of their discussion next month when they see the maps and either feel comfortable with the approach or not.
Ms. Dokken suggested adding the 5-mile circle around each trauma center and around each proposed trauma center.
Chairman Fildes asked the board if there was an appetite to see a depiction of 5-mile circles.
Mr. Kingsley stated that with AB317 that is no longer an issue since there will be a halt on the applicants. This is just an assessment of Clark County.
Ms. Dokken stated that she wanted it on the record.
Chairman Fildes stated that they have put in years of work deliberating on the tool, discussing the principles, understanding the needs of our community and this RTAB will conclude this work with an advisory position. It will be entered in the minutes and it will be available whenever the current legal decisions have found a way forward.
Dr. Iser agreed.

Section 3. Lead Agency/ System Stakeholder/ Community Support:
Chairman Fildes stated that he was going to request that these items be tabulated with a column for each applicant and a row for each requirement. However, in view of Mr. Kingsley’s last comment, that won’t be necessary.

Section 4. Severely injured patients (ISS>15) discharged from Acute Care Facilities not designated as a Trauma Center:
Chairman Fildes stated this section was only for those centers that were seeking an upgrade

Section 5. Trauma Centers currently in the Las Vegas valley:
Chairman Fildes stated this section sought to establish high/low levels of existing centers and to be a basis for discussion on guardrails which he would like to revisit after they have seen all the data in the version 2.0.

Chairman Fildes asked that his observations and requests be included in the version 2.0. He felt it would inform their decision and move them to a place where they can start their discussion about their advisory position.

Mr. Kingsley stated that once this report is finished he will bring it to the October meeting with an analysis of their first time use of the tool and get everyone’s opinions.

Ms. Dokken asked if it is still the intent or the job of RTAB to do a yearly needs assessment of our own trauma system using this tool.

Mr. Kingsley answered in the affirmative. He felt that it is important even if the Health District or RTAB are not part of the consideration anymore they have this tool as a basis so that in 10 years down the road if anything else changes, they have a foundation, a history that can be looked back on. Moving forward their plan is still to produce a yearly trauma needs assessment as well as a Clark County trauma report.

IV. INFORMATIONAL ITEMS / DISCUSSION ONLY

Mr. Kingsley advised the board that with the passing of AB317 a notification went out to all the trauma center applicants that the OEMSTS will no longer be able to proceed forward with the authorization process and to refer all questions or inquiries to the State.

There was considerable discussion on whether the RTAB will be making a recommendation to the BOH for the record.

Chairman Fildes stated that this deliberate process they have been going through for the last 2 years has created a better understanding of how to analyze the data in the valley and how to use it and the decision-making framework. He felt that as the RTAB, they can create an advisory position that can be implemented now or in the future. He added that he will recommend that they give a clear advisory of what we believe is a reasonable way forward.

Dr. Iser felt that would establish the record and should give some closure to all the work that has been done over the last couple of years. The state still must implement regulations and must go through a public hearing process, and the State BOH to have those approved, which could take a long time.

Chairman Fildes stated that he realizes that this body may not come up with a unanimous advisory and would also publish any dissenting positions.

Ms. Breen declared that the work that has been put into this and level of knowledge will never happen on the state level.

Mr. Kingsley stated designation of a trauma center has always resided with the state. With the passage of AB317, the authorization goes to the state without regulations and without procedures set in place. Our regulations must mirror the states regulations, so our regulations are currently influx as well.

Chairman Fildes asked the board if there were any other informational items.
Ms. Breen advised the board that The Traffic Safety Forum, organized by Clark County Commissioner Michael Naft will be held on Thursday, June 20 at UNLV’s Tam Alumni Center.

Dr. Iser announced that the Southern Nevada Health Districts application for providing a general preventative medicine public health residency program was approved by the Accreditation Council for Graduate Medical Education (ACGME).

Ms. Dokken acknowledged Cassandra Trummel on her work with Stop the Bleed which has been nationally recognized.

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.

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 2:46 p.m.