



**MINUTES**  
**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**  
**DIVISION OF COMMUNITY HEALTH**  
**REGIONAL TRAUMA ADVISORY BOARD (RTAB)**  
**May 23, 2019 - 1:30 P.M.**

**MEMBERS PRESENT**

John Fildes, MD, Chair, UMC	Lisa Rogge, RN, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital	Kim Dokken, RN, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital	Kim Royer, RN, Sunrise Hospital
Sajit Pullarkat, Administrator, Non-Trauma Hospital	Frank Simone, Public EMS Provider
August Corrales, Private EMS Provider (via phone)	Carl Bottorf, General Public
Maya Holmes, Payers of Medical Benefits	Danita Cohen, Public Relations/Media
Cassandra Trummel, Health Education	Jessica Colvin, System Financing/Funding (Alt.)

**MEMBERS ABSENT**

Mike Barnum, MD, MAB Chairman	Billy Meyer, RN, Rehabilitation Services
Erin Breen, Legislative/Advocacy	

**SNHD STAFF PRESENT**

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

**PUBLIC ATTENDANCE**

Tony Greenway, Valley Health System	Karla Perez, Valley Health System
Stephanie Streit, USAF, Nellis AFB	Kim Pietszak, USAF, Nellis AFB
Jeremy Kilburn, MD, USAF, Nellis AFB	Gail Yedinak, UMC
Stacy Johnson, MountainView Hospital	Susan Rhodes
Donna Miller, AMR/MedicWest	Sharon Smith, AirMed
Jeff Bolton, AirMed	Patrick Rafter, CCFD
Kelly Stout, Bailey Kennedy	Georgi Collins, HCA
Leonard Freehof, Spring Valley Hospital	Arek Tatevossian, Spring Valley Hospital
Stacie Sasso, HSC	Kim Cerasoli, UMC

**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 May 23, 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.

The following public comments are verbatim transcription.

Hi, Stacie Sasso, Health Services Coalition representing 25 employer and union sponsored health plans in Southern Nevada with just under 300,000 lives. I want to thank you for taking time over the next couple months to continue to review the assessment. When we left the last meeting, it was my understanding that public was going to submit concerns and feedback on the assessment as it was and then we would see some kind of either proposed revision or changes to the existing. I didn't see that until we walked in today, so I would hope that conversation doesn't go towards any kind of votes since public hasn't had time to review what's being presented as an assessment review. I appreciate your time and hopefully we can work together to get it corrected.

Good Afternoon, my name is Susan Rhodes, I represent myself. I am here to just take a moment to address you about the needs-based assessment for trauma centers. Some of you may have heard me speak before. I want to thank you for publishing that wonderful report, and one of things that I noticed right away was that Clark County is very seriously underserved in terms of trauma centers. That data that you published makes clear that we would require at least the addition of 2 more trauma centers. Perhaps there are several other studies that seem to indicate that that data could be a little low, it could be off by as much as 20% which would indicate that perhaps we need a total of 6 trauma centers to serve the current population. The other thing that concerns me is that the state legislature seems to be in a rush to pass AB317 which would effectively strip local government of its ability to make decisions which would affect the trauma care in its own community. As a retired 30-year county employee in healthcare, I served for 30 years as a social work supervisor overseeing long term care services for all Clark County residents and I currently serve on several sub-committees for the State Commission of Aging also working in healthcare which I've done for 35 years now so I am a little familiar with the subject. I can tell you about the impact of trauma on my clients but many of you know my personal story which I think is more effective. In 2002 I was attacked in our Henderson office, I was stabbed multiple times in the upper torso, I was struck over the head with a steel end of a chair severing the occipital nerve on the left side of my head and I was brought into trauma from Henderson around Boulder Highway and Lake Mead all the way to the only trauma center at that time which was UMC. I have no idea how long that journey took because all I remember was the paramedics were trying to keep me awake. I am told it took about 20 minutes. In 2002, there were about a million people here, about 10 million less cars on the road and whole lot less orange cones and devices. I don't think that trip could be made in 20 minutes today to the only high-level trauma center that exists in Clark County. Now I received amazing care, thank you to Dr. John Fildes and his staff, that is the only reason I am here to relay this story to you. I don't want you to think for one moment that my support for increasing trauma care has anything whatsoever to do with the care I received at UMC because it is surpassed by nobody or nothing. It was wonderful and like I say I would not be here today were it not for Chairman Fildes and his staff. So, don't mistake my support for any one iota of thought for the care I received because it was nobody could touch it. But my own story shows you that what happened 17 years ago was not the condition of the valley now. I think it is crucial, critical, you have the opportunity

today to really consider carefully whether or not we want to maintain the status quo which is not providing the best possible healthcare and outcomes to the residents and the visitors to Clark County as we could be doing because the raw data shows a minimum number, well whatever number you choose we are dramatically underserved in trauma care. I don't think with the reputation of Las Vegas being the playground to the world, being one of the largest tourist destinations in the world let alone just the United States, that we can afford to let this opportunity pass. I urge you to consider carefully what you do, I also urge you to work with the legislature, I do not think that AB317 is good for our community and I would urge you to get together with the legislature quickly before they do something we may all regret. I thank you so much, thank you again Dr. Fildes for allowing me to be here because without him I wouldn't be and thank you all for listening to me I very much appreciate it.

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: 04/17/2019

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

## III. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Discussion of Nominations for Vacated Non-Standing RTAB Member Seat for Person Representing the Payers of Medical Benefits for the Victims of Trauma (7/1/19 to 6/30/20)

Mr. Kingsley advised the board that they received a resignation for their payer position and referred to the nomination form in the handouts. He added that this nomination form is due back in 30 days for deliberation and in the meantime, Maya Holmes will be representing the payer position.

### B. Review of Clark County Needs Assessment

Mr. Kingsley noted that at the last meeting they did a preliminary review of the 2018 Clark County Trauma Needs Assessment and the board was asked to complete a questionnaire and submit any recommendations they have for that report. He referred to the 2018 Clark County Trauma Needs Assessment Review Proposals ([Attachment](#)) handout that outlines changes requested during the last RTAB meeting and the requested recommendations submitted by the board and community stakeholders. Mr. Kingsley reviewed those changes stating they will be included in the 2018 Clark County Trauma Needs Assessment report. He continued by reviewing the median transport time tables by step (1-4) for years 2013 through 2018. These tables were broken down by all Trauma Centers; Trauma Center Levels I and II; Trauma Center Level III; and by each applicant's service area zip codes.

Chairman Fildes questioned how they plan to depict the zip code population data. He added that he would like to see where there is absolute growth in those zip codes. Mr. Kingsley stated that they have the zip code data but felt that they are getting to the point where they will have to outsource this out to be able to create maps that show the percentages.

Chairman Fildes pointed out that the median time for transport of all steps in five years has only increased 84 seconds and felt that should temper decision making. He added that for the

most severely injured, there is a 20 second increase in step 1 and there is a decrease in the transport for the step 2s. On average that has fared quite well over the 5-year window. Mr. Kingsley agreed adding that their EMS community is performing significantly well and have been able to maintain a standard from 2013 to 2018.

Chairman Fildes questioned if the applicants service area median transport times were EMS delivered patients to those hospitals. Dr. Fisher stated that those are EMS delivered patients to the current trauma centers from the applicant's service area zip codes.

Ms. Holmes questioned how those applicant service area zip codes were determined. Mr. Kingsley stated that the Trauma Center application asks the question what proposed geographic area to be served, including consideration of distance from existing trauma centers already serving the geographic area. He added that those zip codes could be modified.

Dr. Dort remarked that there is a total of 76 zip codes listed in the 5 applicant tables. The zip code map itself only has 65 zip codes which means that these zip codes show up more than once in each of those catchments. Mr. Kingsley stated that they used the zip codes from the applications and applied the TNAT as a general liberal stance. Ms. Holmes felt it would be in the best interest of the Health District to have a framework outside of what the hospitals are proposing. There needs to be some sort of rationale and to be able to meaningfully compare applications.

Mr. Kingsley stated that the original idea was to not only assess the whole community but also to assess each application. He asked the board if they should include applications as part of an assessment.

Chairman Fildes commented that if you look at an applicant's position in the valley, that is experiencing long transport times, you would ask the question, if the patient is TFTC step 3 or 4, fully awake alert with stable vital signs, transported without lights or sirens at surface street speeds, usually 40 or 45 mph, the goal would be to do that in 15 minutes. He felt you should only be looking at a 10-mile circle to see what the volume of patients is coming out of that circle and if they are experiencing prolong transport times. It is just a way to try and determine whether there is a sensitive population or population experiencing prolonged transport times that could be serviced by an applicant hospital.

Mr. Simone asked if they have access to addresses. Mr. Kingsley stated that they have latitude and longitude on every EMS delivered transport.

Dr. Fisher suggested using more of a comet tail approach instead of a 5-mile circle around a hospital. He felt the concern should be the zip codes that lay to the west and the north particularly of that hospital because the part of the radius that is closer to a trauma center might have a 5-minute shorter transport time than the other side that is on the other spectrum.

Ms. Dokken commented that they should not consider applicants in the assessment. She felt that they should consider the raw data that the Health District has put together for the system and then build from there.

Ms. Rogge agreed and added that the service areas need to be determined by the Health District or this board. She added that if the applicant determines service area, that will skew the data and may provide a false sense of security.

Mr. Kingsley stated that the original intent in asking for those zip codes is that it put some merit on the applicant to prove there is an actual need. Under current regulations, defining catchment is with the OEMSTS. He added that the BOH did ask that RTAB is a part of that and defined in regulations.

Mr. Pullarkat specified that most of this was directed by the applicants. He felt that the data could be organized in a fashion between the zip code data looking at the population, creating a heat map based off that and then looking at the city, breaking it up either into quadrants, or zones. The suggestions made earlier he felt could be used to clearly identify where there is need.

Ms. Holmes commented that she liked the idea of having a 2-part process where the needs assessment comes first before addressing the applications

Ms. Dokken added that it was important to have the applicant determine on the application their thoughts because that is how you complete the rest of the application. You can't prove need until you know service area.

Chairman Fildes remarked that when they determined catchment areas in the past, they had to look at EMS service areas, municipality boundaries, physical impediment boundaries, highways, and other conditions. It was an intuitive process to try to deliver the right patients to the right place and the right time without overwhelming the new center.

Mr. Kingsley questioned if they want to amend the assessment to be focused on Clark County and 4 quadrants or leave in the applicants and readjust the data and zip codes.

Dr. Fisher felt that it was going to be difficult to demonstrate a difference in any of the 4 quadrants because those numbers are going to be diluted by those populations that lie in the center of the city. He felt that you are going to have to do it by the zip codes particular to those applicants in a manner discussed earlier, or you are going to have to take a block out of the center of the city and look at peripheries and 4 quadrants.

Chairman Fildes stated that if the county cartographer could furnish the geo center of the valley, you could create 5-mile concentric rings and begin depicting transport times. You will begin to see concentrations of longer transport times as you get out in the 20-mile, 30-mile ring. It will start to show clouds a heat map cloud of where there may be patients that would be served by new centers.

Dr. Fisher agreed and suggested breaking those concentric circles into quadrants.

Chairman Fildes motioned that the purpose of this report is to depict the current state of trauma affairs within the Las Vegas valley in a global way to try and identify populations of patients that need and who have additional new needs. Consideration of applicant hospitals would be carried on as a secondary analysis. Seconded by Member Dokken and carried unanimously.

Mr. Kingsley stated that a request was made to include an interquartile range of Clark County transport times by year using a skeletal box plot. He added that these boxes represent the lowest transport time to the highest transport time. Chairman Fildes explained that the usual depiction is that the boxes themselves represent the 25<sup>th</sup> through the 75<sup>th</sup> percentile and added that the height of those boxes are quite tight. Mr. Kingsley asked if the board feels that most patients are within an acceptable time and meeting the needs of the community.

Chairman Fildes stated that they have been comfortably discussing transport times as a surrogate for improved survival. The Trauma Medical Audit Committee (TMAC) reviews all deaths and looks at the coroner records of all deaths and have been monitoring outcomes continuously. The TMAC has not seen what they believe to be preventable deaths and they have not seen many or any out of trauma center deaths for significantly injured patients. This is one factor of trauma system function, getting the right patient to the right place for the right care and the right time is a multifactorial problem.

Mr. Pullarkat asked if these interquartile diagrams are for all transport for all levels or just step 3 and step 4. Mr. Kingsley answered that they are all transports and all levels. Mr. Pullarkat suggested if looking at those specific needs that are coming up from an application perspective you may want to focus in on the step 3, step 4.

Ms. Holmes asked if there was a way to incorporate the coroner data into the assessment report.

Chairman Fildes stated that they could give them an aggregate anonymized report of their deliberations. Mr. Kingsley stated that they do have the coroner report that is public information. Ms. Dokken stated that they could include outcomes. Dr. Fisher emphasized that it is hard to prove that transport time to a facility made a definite difference in a case. You would need a huge sample of big transport times and very definitive causes to prove.

Chairman Fildes stated that what they do have is each hospital must present cases that they believed were potentially preventable to be reviewed in peer although there are not a lot of them.

Ms. Dokken added that is that inclusion aggregate information that they could include.

Chairman Fildes made a motion that they include an aggregated anonymized summary of the deliberations of the TMAC as one measure of the outcomes experienced by trauma patients in the Las Vegas valley.

Ms. Dokken questioned if this summary would be included in the Trauma Needs Assessment. Chairman Fildes answered in the affirmative and added that it is not an enumerated analysis for the needs assessment, so it should be provided in the appendix.

Member Dokken seconded the motion. The motion was not voted by Member Fisher. The motion passed by a simple majority.

Dr. Fisher stated that this trauma system does an excellent job and agreed that there are very few preventable deaths. He felt that including that information to enlighten a 3<sup>rd</sup> party could be misleading and using it as a correlation for transport time would be difficult.

Ms. Dokken remarked that she didn't want the summary as it relates to EMS transports but more about care and patient outcome.

Chairman Fildes stated that TMAC looks at all the coroner's records and what they would like to do is summarize their deliberations to say that they have taken a very meaningful look at performance and this is their findings.

Mr. Kingsley reiterated that as part of an appendix he will add a statement from the TMAC stating how they feel the system is operating at this level from a peer review committee.

Member Fisher made a motion to rescind the previous motion. The motion was seconded by Chairman Fildes and passed unanimously.

Member Fisher made a motion to include the trauma peer process that occurs at all the trauma centers and relate their data and that it doesn't correlate with transport time needs. Seconded by Chairman Fildes and carried unanimously.

Mr. Kingsley displayed a 2018 TFTC pin map for Clark County and each of the trauma center applicants broken down by transport time greater than 25 minutes and 20 minutes by step. He added that these maps are available for review.

Mr. Simone remarked that these maps are great but felt heat maps will provide that clear color distinction of the more concentrated areas.

Ms. Holmes suggested showing a summary of numbers. Ms. Dokken added that a simple volume would work.

Chairman Fildes felt that the vision here is to create a report that is easy for the public and the policy makers to read and if there are areas in need that those areas are easy to see.

Mr. Simone suggested having the time formatted in minutes and seconds instead of decimal hours.

Mr. Kingsley summarized that he was going to continue with the overall assessment of the valley, produce heat maps, concentric ring maps and focus on areas from specific zip codes. He added that he will be taking the applications and showing their service areas but also showing the concentric rings in those areas.

Ms. Holmes stated that this process is a tremendous amount of work and there is still a tremendous amount of work to do based on the discussion. She questioned when she would expect to be able to see a revised report and hoped that it would be within enough advanced time before the actual meeting because this is a substantial amount of information for board members and the public to get to review.

Mr. Kingsley stated that it would be down to the wire and it most likely would be a matter of days before the next meeting.

#### IV. INFORMATIONAL ITEMS / DISCUSSION ONLY

Chairman Fildes stated that he attended the Board of Health (BOH) meeting that was held earlier that morning. Mr. Black, a member of the BOH, very eloquently stated that the RTAB is an advisory board and the BOH wants their advice on the questions, is there need, where is the need, and who are the potential candidates to provide service for that need. He then asked staff to brief them on the discussions from that meeting.

Dr. Iser stated that the BOH reviewed the Trauma Regulations and there were a couple of wording changes that were suggested but nothing substantial. One major substantial change was to do away with the opportunity for a hospital to come forward at any time with an application. He added that on an annual basis, the RTAB would assess the system and determine whether there was a need in part of that system and then putting out a call for applicants to apply in that catchment area. Another area of discussion was the regulation that states non-trauma hospitals receiving trauma Patients ~~shall~~ *should* participate in the trauma system quality improvement activities. The BOH recommended that word be changed back to shall even though the Health District doesn't have any enforcement authority.

Ms. Dokken questioned if EMS times were discussed. Dr. Iser stated that comes up every single meeting either in public comment or from the board about the 15-minute time frame. He didn't believe that any conclusions were raised related to that issue.

Mr. Kingsley stated that there was a request for a step 3 and step 4 graduated assessment in transport times.

Dr. Iser suggested that they go forward with the tool as it is and see what happens with AB317. He added that may make a difference on how they go forward with regulations.

Mr. Kingsley informed the board that they will continue reviewing the assessment at the next meeting in June and if more time is needed they will take it.

Chairman Fildes felt that was appropriate. He believes evolving this report to make it easy to understand for the public and policy makers trying to answer the basic questions, is there a need, where is the need, who are the hospitals that could provide this service is very important.

Chairman Fildes expressed his concern regarding guardrails for the existing centers. Building a world class trauma system means building on existing access without damaging existing access by using the principles of smart growth. He felt they have not articulated those guardrails or those impacts anywhere in these discussions.

Mr. Hammond stated that the applicants are supposed to discuss if their presence in the trauma system would negatively affect the existing centers. That is also reflected in legislation at this time. He felt that moving forward it is going to be a thoughtful process so that they don't negatively affect existing centers.

Dr. Iser added that their job is to protect the system as a whole. That doesn't mean to protect one individual hospital but to look at protecting the system to make sure that it is not made detrimental by adding a new trauma center someplace else and that it doesn't significantly impact the current existing trauma centers. This is something that you would be looking at as you weigh the pros and cons of these catchments' areas and the hospitals in those areas.

Chairman Fildes stated that in his review of the applications, one of applicants footnoted and included his own PowerPoints showing that after the opening of the 2 trauma centers earlier, UMC had over 28% loss of patient volume that took more than 8 years to re-build. That was a significant and a crushing period to have to manage through. Now they would have proportional re-distribution if a 4<sup>th</sup> trauma center is added a proportional amount would come out of all 3 or if a 5<sup>th</sup> is added a proportional amount would come out of the 4<sup>th</sup>.

Ms. Dokken asked if he was looking for a definitive guardrail.

Chairman Fildes answered in the affirmative and stated that some of the documents he read proposed how simple it might be to just cannibalize one or another of the trauma centers to provide them with a patient base. He expressed the fact that you can't build a world class trauma system by dismantling existing assets that have already served the community. That must be proportionally redistributed.

Mr. Bottorf commented that the RFP would be a good idea because it would allow collaboration where you might not need guardrails.

Ms. Dokken questioned the status of AB317.

Dr. Iser stated that the rationale behind the bill is supposed to be that the BOH is significantly swayed by those involved who have an interest in this whether it is an insurer, hospital, or a hospital system. What they are asking the state to do is take over that initial role to do a whole needs assessment. Once the State Division of Behavioral and public health makes their decision it would come back down to do the 2<sup>nd</sup> half of the assessment.

Ms. Dokken questioned if the Health District is opposing the bill.

Dr. Iser stated that the BOH have asked them not to weigh in. That doesn't mean that they can't educate their legislators, but they can't go and publicly lobby.

Ms. Dokken expressed her concern over AB317 and felt that they need to make sure that they are doing something about it.

Dr. Iser agreed adding that all of you can do that, but his hands were tied.

Chairman Fildes stated that each citizen should comment whether they support or not.

## 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 included 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 3:06 p.m.