



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

**January 15, 2020 - 2:30 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	Abby LeDuff, RN, Sunrise Hospital
Erin Breen, Legislative/Advocacy	Amy Henley, Rehabilitation Services (via phone)
Anna Danchik, System Finance/Funding (Alt.)	Cassandra Trummel, RN, Health Education
Danita Cohen, Public Relations/Advocacy	Donna Miller, General Public (Alt.)
Maya Holmes, Payers of Medical Benefits	Frank Simone, Paramedic, Public EMS Provider
Douglas Fraser, MD, UMC	
Sajit Pullarkat, Administrator, Non-Trauma Hospital (via phone)	

**MEMBERS ABSENT**

Mike Barnum, MD, MAB Chairman

**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director	John Hammond, EMSTS Manager
Chad Kingsley, Regional Trauma Coordinator	Michael Johnson, PhD, Dir. of Community Health
Heather Anderson-Fintak, Associate General Counsel	Judy Tabat, Recording Secretary

**PUBLIC ATTENDANCE**

John Anson, MD	Margo Chappel, State of Nevada (via phone)
Brett Olbur, Dignity	Syed Saquib, MD, UMC
Mary Martinat, UMC	Megan Draney, UMC
Kim Coston, UMC	Andrea Kovalcheck, UMC
Francis Simon, UMC	Dan Shinn, HCA
Scott Kerbs, UMC	Pat Foley, CCFD
Jennifer Lopez, R&R Partners	Cat O'Mara, HCA
Marcia Turner, UMC	Rebecca Carmody, CCFD
Kim Cerasoli, UMC	Heidi Nolan, Mike O'Callaghan
Cathy Downey, UMC	Judy Leslie
Victoria Ables, USAF/UMC Fellow	Cara Goodman, UMC
Jose Montenegro, 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 January 15, 2020. Chairman Fildes called the meeting to order at 2:31 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 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: 10/16/2019

Chairman Fildes asked for approval of the minutes from the October 16, 2019 meeting. A motion was made by Member Trummel, seconded by Member Dokken and passed unanimously to approve the minutes.

### **III. CHIEF HEALTH OFFICER REPORT:**

Dr. Johnson stated that he had nothing to report.

### **IV. REPORT/DISCUSSION/POSSIBLE ACTION**

#### **A. Election for Chair and Vice-Chair of Regional Trauma Advisory Board**

Mr. Kingsley stated that there were two candidates for consideration for Vice Chair, Dr. Fraser and Abby LeDuff. Mr. Kingsley called for a vote by a show of hands for Vice Chair of the RTAB. The Board voted in favor of Dr. Fraser as Vice Chair of the RTAB.

Mr. Kingsley stated that there were two candidates for consideration for Chair, Dr. Fisher and Dr. Dort. Mr. Kingsley called for a vote by a show of hands for Chairman of the RTAB. The Board voted in favor of Dr. Dort as Chair of the RTAB.

Dr. Fildes passed the Chair responsibility to Chairman Dort and thanked the Health District for the opportunity to serve.

#### **B. Recognition of Service Award for Dr. Fildes**

Dr. Johnson thanked Dr. Fildes for his many years of service and dedication. He added that Dr. Fildes is a founding member of the RTAB in 2004 and has been an integral part of Clark County serving and developing the trauma system.

Mr. Kingsley stated that the OEMSTS would like to recognize Dr. John Fildes in his more than 2 decades of exemplary service to the trauma services in Clark County. His knowledge input and activity has helped develop the trauma system that saves and improves lives, develop new medical talent and sustains a safe future for our community and the millions of visitors that come to our city. As a founding member of the Regional Trauma Advisory Board he has helped

craft a lasting future for trauma care and we want to express our sincerest gratitude for his service and talent.

Dr. Fildes thanked everyone.

Chairman Dort expressed the fact that everyone is in this room because of Dr. Fildes and this community realizes how unbelievably fortunate they were to have him guiding this trauma system for the last 20 years. He added that they are happy to welcome his replacement Dr. Fraser.

C. Committee Report: Southern Nevada Injury Prevention Partnership (10/21/2019)

Ms. Trummel stated that the SNIPP Committee last met in October 2019 and reviewed 2<sup>nd</sup> quarter data where it is still showing the number one mechanism of injury is falls followed by motor vehicle traffic occupant. The committee continues to try to figure out ways that they can assist with new endeavors or assist groups that already exist. She added that they heard two presentations; one from Laura Gryder on traffic safety, and one from Richard Egan from the Suicide Fatality Review Committee.

D. Discussion of Nominations for Non-Standing RTAB Member Seats for the Term Expiring June 30, 2020

- a. General Public
- b. Health Education and Prevention Services
- c. Legislative Issues/Advocacy
- d. Payers of Medical Benefits for Victims of Trauma
- e. Public Relations/Media

Mr. Kingsley referred to the RTAB Nomination form in the boards packet. These nominations are due back by March 18<sup>th</sup>, and they will be deliberated on after that date.

E. Discussion of Nominations for Vacated Non-Standing RTAB Member Seat for Person Representing the Private Franchised Providers of Advanced Emergency Care (7/01/20 to 6/30/21)

Mr. Kingsley stated that the current representative has stepped down from his position. This position would be about a year to finish out the term. He referred to the nomination form in the boards packet.

F. Trauma Field Triage Criteria Data Report for 3<sup>rd</sup> Quarter 2019

Mr. Kingsley referred to the TFTC data reports in the boards packet and reported on the trauma transport data for 3<sup>rd</sup> quarter 2019.

G. Discussion of Burn Data

Mr. Kingsley stated that there was a request to bring the topic of collecting burn data to this board to get an opinion and decide on the best way to approach collecting data.

Currently under Step 4 of the TFTC, burns are captured by the following:

Burns-Without other trauma mechanisms: transport in accordance with the Burns protocol

Burns-With trauma mechanism: follow appropriate catchment guidelines for trauma.

Ms. LeDuff stated that speaking on behalf of the newest burn center she didn't believe there was any issue with sharing data out of their data registry. She added that there is a separate registry, and both burn centers maintain the registry.

Mr. Hammond suggested that the minutia of this be moved to TMAC and invite those experts to determine what data fields to use rather than using the time here today to make that decision.

Dr. Fraser agreed stating that Dr. Saquib came to this meeting prepared to speak on what goes

into burn treatment and the care of the burn patient.

Dr. Syed Saquib stated that he is the Medical Director for the UMC Lions Burn Care Center and thanked the committee for the opportunity to talk about this issue. He stated that for the last 5 decades they have had the privilege to treat thousands of burn patients using a multi-disciplinarian approach that includes burn surgeons, expertly trained nurses, physical therapists and child life specialists, in addition to plastic surgeons and all their outpatient services and support groups who work collaboratively to promote the best possible outcomes for their patients. He added that it is not just about saving their lives, it is also trying to get them reintegrated back to society closer to baseline functional level as possible. He added that since they are no longer the single burn care center in the valley, they feel that it is vital to track that burn data. They support the transparent collection of that data to understand what types of burns are being sent to each burn center and their outcomes. He believes this data would allow this committee to make fully informed decisions moving forward on burn care in the valley and be in the best interest of their burn patients. He stated that he looks forward to collaborating with this committee or in the smaller groups so that they can move towards a good solid data collection to study and analyze and take the next steps further as we continue to provide the best care possible for their burn patients.

Mr. Kingsley questioned how they would capture state data or the burn cases that are transported or self-delivered to non-trauma centers.

Ms. Martinat stated that she does the burn registry at UMC. She reported that if patients self-deliver or deliver to other facilities, and their burn injury is to the extent that it requires treatment at a burn center, they either do an inpatient transfer and she will collect all that data in the registry. If they are discharges and simply referred to the outpatient department, they do a smaller data set where they collect information about date of injury, mechanism, and which hospital referred to them. She advised that there is no state registry for burn data, it is literally housed in each facility and if they in any way touch our facility, they collect that data either inpatient or outpatient.

Ms. LeDuff stated that a large majority of burns are transported via a private vehicle. A lot of these patients are mobile, they just want to get where they are going quickly and often that it by private vehicle.

Mr. Kingsley voiced concern about collecting another data set.

Dr. Fisher commented that burns are traditionary under the purview of trauma and felt it appropriate for this committee.

Dr. Fraser remarked that when a center is getting verified by the American Burn Association, the burn center must have a sufficient volume of acute burn admissions per year to get verified as a small, medium, or large burn center. It then questions how many burn centers you need in a county with our population and what are the numbers going to be like for true burn admissions.

#### H. Review of Trauma Needs Assessment

Mr. Kingsley stated that they have completed a 3 ½ year process of developing a tool and bringing that into a Trauma Needs Assessment that was produced for 2018. With the beginning of 2020 he stated that he is now starting the process of looking at 2019 data. He referred to the Draft Trauma Needs Assessment Procedure & Data Dictionary handout and reviewed with the board the outline of what will be included in the Southern Nevada Trauma Assessment Report (T.A.R.) for 2019.

There was considerable discussion on the State's role of assessing the need for trauma centers. Mr. Hammond felt that until the State's regulations are finished it would be hard to determine where this assessment is going to fall. He speculated that it would happen between the State notifying them that a hospital met their needs and how that would affect your system.

Chairman Dort stated that the more organized, self-critical and collaborative they are, the more difficult it would be for the State to do something that would challenge something they would advise. He asked the board to review this document and send any suggestions, criticisms to Mr. Kingsley before the next meeting.

**I. Discussion of Out-Of-Area Transport**

Mr. Kingsley referred to the Out-Of-Area (OOA) transports report in the handouts. He stated that he compiled the data for Q1/Q2 of 2019 in comparison with the Q3/Q4 2018 data that was previously reported.

Ms. Dokken questioned Provider Judgement-Vicinity and Provider Judgement-Other categories.

Mr. Kingsley explained that Provider Judgement-Vicinity reason was closer in time, distance, and traffic and Provider Judgement-Other included crew choice based on patient presentation. He added that he would have to look at each case to determine the judgement.

Ms. Dokken voiced concern with regards to the 9% OOA. She questioned the need for an action plan based on that 9% OOA and explained that this board decided that up to 5% was acceptable. She added that they either change the 5% or come in compliance with the rule.

Dr. Fisher felt that 5% doesn't give much flexibility and assuming OOA is an incorrect judgement is false. He added that there are changes, events, construction that happen in the city all the time and EMS probably made the right decision in those cases. He felt if you had 20% OOA then you would have to question if the catchment areas are right because something is being affected.

Ms. Dokken stated that she is not condemning EMS but felt when a rule isn't being followed, this board is responsible. It is great if it is acceptable deviation, but if it is not acceptable like error, then they can educate and show improvement.

Mr. Hammond agreed and added that he would look at Provider Judgement-Vicinity and make sure those decisions were made properly in the best interests of the patient. He felt Provider Judgement-Other is too broad and would like to see that broken down. He remarked that there is time dedication to do that, not just on our part but also on the part of the agencies so it may not be the next quarter where you will see that information.

Chairman Dort didn't think anyone was questioning judgement but expressed the fact the they did manage 5% OOA for quite a while so it wasn't an unreasonable number that we've never been able to accomplish. He felt they just need to keep an eye on why that might be varying suddenly.

Dr. Fisher suggested going forward that they map the OOA runs to see if there is a trouble spot.

Chairman Dort felt that was a good point because they are looking at reasons rather than places.

Mr. Kingsley stated he would like to continue collecting data for the next year on OOAs to get a trend. He added that he will also provide a data dictionary to show what is listed under each category.

*Chairman Dort asked for a motion to continue collecting data for Out-Of-Area transports. Motion made by Member Rogge, Seconded by Member Fraser and carried unanimously.*

**V. INFORMATIONAL ITEMS / DISCUSSION ONLY**

**A. Report from Public Provider of Advanced Emergency Care**

Mr. Simone stated there were no items to report.

**B. Report from Private Provider of Advanced Emergency Care**

No report

C. Report from General Public Representative

Ms. Miller stated there were no items to report.

D. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there were no items to report.

E. Report from Rehabilitation Representative

Ms. Henley stated there were no items to report.

F. Report from Health Education & Injury Prevention Services Representative

Ms. Trummel reported the following:

St. Rose Siena does Stop the Bleed classes monthly, they do elderly safe driving classes and fall prevention programs are coming up in the first quarter.

Sunrise wanted to report that the 2<sup>nd</sup> Saturday of every month they have a car seat checkup event at Summerlin Hospital and the 3<sup>rd</sup> Saturday every month at the District. They also teach Stop the Bleed on the 4<sup>th</sup> Monday of every month.

UMC also teaches Stop the Bleed monthly.

G. Report from Legislative/Advocacy Representative

Ms. Breen advised the board that the legislature meets again in 13 months and if anybody is interested in bringing anything forward as the board, please reach out to Mr. Kingsley. She added that they will schedule an advocacy meeting before now and the next RTAB meeting.

She advised that they are going to again pursue a primary seat belt law and take a public health approach and if they had the support, she felt they could probably get someone to talk about photo enforcement again which died very quickly last session.

H. Report from Public Relations/Media Representative

Ms. Cohen stated there were no items to report.

I. Report from Payer of Medical Benefits

Ms. Holmes stated there were no items to report.

J. Report from System Finance/Funding

Ms. Danchik stated there were no items to report.

## VI. 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 Dort asked if anyone wished to address the Board.

Margo Chappel, the Deputy Administrator for the Division of Public and Behavioral Health, stated that in her role she is responsible for the State EMS Regulations and wanted to give an update. They have removed the option for getting a trauma level IV after talking with the bill sponsor who let them know that that was contraindicated based on the intention of the legislation. After they did that, they got a legal opinion from their Deputy Attorney General that regulations were not necessary because all their activities are included in their current regulations but that they need to create internal policies which is what those regulations will turn into. She stated that she has emailed Mr. Kingsley and Mr. Hammond to set up a meeting to talk about what implication that has for the regulations in Southern Nevada. She added that they still want the boards comments

because they will affect their internal policy and policies available to the public for how they are going to conduct the process. They just will not be official regulations at this point unless something changes but that is how it stands today.

Ms. Dokken questioned whether the draft regulations that they received were still applicable.

Ms. Chappel stated that they are applicable, they will just be turned into policy and won't be codified into regulations.

Ms. Dokken questioned whether there would still be public workshops since it is not regulation anymore.

Ms. Chappel stated that they have been doing a lot of outreach and if you feel that there is a recommendation for some and the SNHD determines that there is a need to change their regulations there would be a workshop open for that. Otherwise if you want to have a town hall meeting to discuss them that might be an option. They have really been engaging with a lot of stakeholders to get feedback in the process itself.

Mr. Kingsley stated that they would be willing to sponsor that here in Vegas.

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

## **VII. ADJOURNMENT**

There being no further business to come before the Board, *Chairman Dort adjourned the meeting at 3:54 pm.*