# Minutes

*CLARK COUNTY DISTRICT BOARD OF HEALTH*
*TRAUMA SYSTEM ASSESSMENT CITIZEN'S TASK FORCE*

Tuesday, February 9, 2003
1:30 p.m.

Clark County Health District – Ravenholt Public Health Center
Clemens Room
625 Shadow Lane
Las Vegas, Nevada 89106

MEMBERS PRESENT

Veronica Arechederra Hall
S. Max Doubrava, MD
Robert Forbuss, Co-chair
Merlinda Gallegos
Steve Hill
Rose McKinney-James, Co-chair
Otto Ravenholt, MD
Danny Thompson

MEMBERS ABSENT

Richard Bunker
JaNell Cook
William McBeath

CCHD STAFF PRESENT

Donald Kwalick, MD, Chief Health Officer
Jane Shunney, RN, Assistant to Chief Health Officer
Rory Chetelat, EMS Manager
Joseph Heck, DO
Jennifer Sizemore, Public Information Officer
Susan Eiselt, Recording Secretary

THE ABARIS GROUP STAFF PRESENT

Mike Williams, President
Jonathan Wills, Research Associate

## 1. Welcome/Introductions

The Trauma System Assessment Citizen's Task Force convened in the Clemens Room of the Ravenholt Public Health Center on Monday, February 9, 2004. Co-chair McKinney-James called the meeting to order at 1:40 pm.

Draft minutes of the January 13, 2004 meeting were approved.

## 2. Work Plan Progress

Mike Williams welcomed the committee, reintroduced himself and introduced colleague Jonathan Wills. Mr. Williams reminded the committee that there is a published detailed work plan and provided the following update: Approximately 70 people have been contacted and interviewed; several focus groups will be conducted this week; and a town hall meeting will be held in Boulder City on Thursday. There has been a lot of input, and people have been open, honest and accessible. The Abaris Group should be able to report on the input received from stakeholders at the March task force meeting.

## 3. Update on ACS Site Visit

Mike Williams reported that he has been in touch with the American College of Surgeons (ACS) about their visit, and he should be hearing more from them soon. A document of approximately 80 pages describing the current status of the trauma system has been prepared for the ACS visit and has been sent to interested hospitals for review. Currently mid-April is looking best for the ACS visit.

Co-chair Forbuss asked about the status of site visits to trauma systems in other communities. Co-chair McKinney-James recalled discussion of a subcommittee for this purpose and stated she would like to discuss options later in the meeting, as she believed that as many members as possible would like to attend.

## 4. Workshop B – Trauma Systems 201

- **a. Trauma system component details**
- **b. Case studies of successful systems**
- **c. Case studies of unsuccessful systems**
- **d. Key industry challenges**

Mike Williams gave a formal presentation describing the components of a trauma system and discussing examples of successful and less successful systems.

During the presentation, Co-chair McKinney-James inquired whether the system authorizing designation related to the four levels of trauma centers had been discussed previously. Mike Williams said yes and that a report in the next 30 days will provide more detail on the specific criteria for designation. He added that in Nevada the state health division has the authority to designate trauma centers, which is not the case in every state.

Also during the presentation, Co-chair Forbuss asked whether patients who were sent to a non-trauma center and transferred to a trauma center should have gone to a trauma center initially. Mike Williams responded that originally the belief in the industry was that a model or scale could determine patient destination, but really there is often more subjectivity involved. Also, some patients do not really have trauma injuries but need specialist care that is not available at their original destination hospital. Co-chair Forbuss asked if this was an issue between a Level I and Level II trauma center, and Mr. Williams responded that a Level I and Level II were by and large clinically equal, and that while there might be exceptions, there were not usually transfers from a Level

II trauma center to a Level I. He added that a Level III trauma center was more likely to transfer.

At this point, Dr. Doubrava said that there were also EMTALA [Emergency Medical Treatment and Labor Act] considerations regarding transferring an unstable patient. Co-chair McKinney-James asked for clarification on what EMTALA was, and Dr. Doubrava said it was an anti-dumping law. Dr. Ravenholt added that the act includes a very large financial penalty. Co-chair McKinney-James requested that EMTALA be added to the Trauma Glossary that had been distributed, and Mike Williams confirmed that The Abaris Group would do this.

**5. Site Visits to Other Trauma Systems**

There was a discussion among the committee members regarding site visits by some or the entire task force member to one or more successful or unsuccessful trauma systems. The purpose of the visits would be to learn more about the systems and how their experiences might impact the development of a local system.

During this discussion, Danny Thompson asked whether Mike Williams knew of any system experiences regarding differences between profit and non-profit trauma centers, or specifically cases where a for-profit trauma center closed and left a non-profit to take over problems. Mike responded that there were roughly four periods of trauma center development. The first trauma centers tended to be public, followed by a period when many private hospitals opened. In the third phase, many of the private hospitals experienced financial difficulties and dropped their designation, and finally, private hospital interest returned as they found that trauma did not have to be a money-losing venture. Mike said that The Abaris Group would do more research on profit and non-profit center differences within a trauma system.

Dr. Doubrava commented that increasing medical coverage in auto insurance will probably help in some areas, but not all. He added that profit and non-profit centers face the same costs and revenues regardless of their ownership type. Mike Williams agreed that solvency was important regardless of whether a facility was operated for profit and reminded the committee that financial considerations would be further discussed at the next meeting.

Discussion of where site visits might be conducted included consideration of several factors. There was a preference to visit in person rather than by phone. Closer locations were considered preferable. There was a preference that not all sites visited be in California due to the somewhat dissimilar nature of the governance system in California. There was discussion of whether the systems visited should be successes, those facing challenges, or both.

It was agreed by members of the committee that visits to San Diego, Calif., Los Angeles, Calif., and Arizona would be feasible. Mike Williams said that The Abaris Group would e-mail the co-chairs an overview with dates in March and April. Following review by the co-chairs, the dates would be forwarded to the committee. A brief hand count indicated at least four committee members were interested in participating, and it was agreed that scheduling would likely be the greatest challenge, but hopefully about half of the committee would be available.

In addition to the site visits, it was suggested by The Abaris Group that hospitals who have expressed an interest in being designated a trauma center in Clark County be invited to present brief, informational presentations to the task force. Ms. McKinney-James asked whether the committee would be interested in this, and received an affirmative response. She then offered to the audience the invitation to contact Mr. Williams about presenting at a future meeting.

Co-chair Forbuss added that he sat on the UMC task force and it might be beneficial to provide everyone with a copy of the executive summary, which resulted from that process. The Abaris Group indicated they would provide copies.

**5. Final Plans for Public Hearings**

Jennifer Sizemore handed out a flyer with details about the Boulder City Town Hall meeting, scheduled for Thursday, February 12, 2004. She also passed out a schedule of future meetings, noting that additional meetings are being planned for Clark County and Laughlin. Information is available on the web site, www.cchd.org/trauma. Stakeholders are encouraged to attend the town hall meetings, and comment cards will be available. Written comments may also be submitted by e-mail and should be addressed to: cchdpublicinformation@cchd.org

**6. Citizen Participation**

Co-chair McKinney-James asked if anyone from the public wished to speak. No one in attendance indicated such a desire.

Co-chair McKinney-James reiterated that it was important to have input from hospitals and that hospitals were invited to contact Mr. Williams to discuss presentations. Ride-alongs with EMS providers were also suggested as a way to provide more insight. If there is an interest, these can be readily arranged.

**7. Conclusion**

Co-chair McKinney-James concluded that the committee has a plan for visiting other systems and will be receiving updates. In addition, the committee also has the opportunity to visit local institutions.

Dr. Doubrava asked that Mike Williams provide the number of trauma centers per population in other regions, specifically Memphis, New Orleans, and Salt Lake City. Mr. Williams agreed to do this.

Co-chair McKinney-James adjourned the meeting at 3:00 p.m.