



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### REGIONAL TRAUMA ADVISORY BOARD

August 15, 2007 - 2:30 P.M.

#### MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman	Allen Marino, MD, MAB Chairman
John Fildes, MD, University Medical Center	Melinda Hursh, RN, Sunrise Hospital
Robert Bursey, General Public Representative	Jo Ellen Hannom, RN, Clark County Fire Dept.
Deborah Kreun, ThinkFirst-NV	John Recicar, RN, University Medical Center
Michael Metzler, MD, Sunrise Hospital	Kim Dokken, RN, St. Rose Hospital
Sean Dort, MD, St. Rose Hospital	

#### MEMBERS ABSENT

Kevin Stockton, Centennial Hills	Brian Rogers, MedicWest Ambulance
Sameer Abu-Samrah, MD, Sierra Health & Life	

#### SNHD STAFF PRESENT

Moana Hanawahine-Yamamoto, Recording Secretary	Rory Chetelat, EMS & Trauma System Manager
John Hammond, EMS Field Representative	Michael Bernstein, CDPHP
Trish Beckwith, EMS Field Representative	Jim Osti, Administrative Analyst

#### PUBLIC ATTENDANCE

Patty Holden, Sunrise Hospital	Sandy Young, RN, Las Vegas Fire & Rescue
Teressa Conley, St Rose Hospital	David Barth, Touro University
Dan Petcavage, RN, University Medical Center	

#### CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board convened in Human Resources Training Room #2 of the Ravenholt Public Health Center on Wednesday, August 15, 2007. Chairman Mary Ellen Britt called the meeting to order at 2:32 P.M. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Britt noted that a quorum was present.

#### I. CONSENT AGENDA

Chairman Britt stated the Consent Agenda consisted of matters to be considered by the Regional Trauma Advisory Board (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.

##### Minutes Regional Trauma Advisory Board Meeting July 18, 2007

Chairman Britt asked for approval of the minutes of the July 18, 2007 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

**II. REPORT/DISCUSSION/POSSIBLE ACTION**

**A. Discussion of Payor Mix at Area Trauma Centers**

Ms. Britt stated that the Board of Health requested a report on the payor mix for area trauma centers. As she was gathering this information from the State Bureau of Health Planning and Statistics, she identified that not all of the data was available through the Trauma Registry.

Melinda Hursh explained that due to the volume of data, the State is unable to access the data to create an aggregate report but they are working on acquiring a new software program to rectify this problem. Ms. Hursh also noted that there was a difference in the way the data was reported because the trauma centers did not establish definitions for the categories until early 2006.

Dr. Michael Metzler suggested that the data be separated into five categories: self pay/no compensation, automobile, government (Medicare, Medicaid, State, County, and Military), third party (payor source other than government, automobile, and worker's compensation), and worker's compensation.

Ms. Britt will re-categorize the data into these five categories and will report to the Board of Health on August 23, 2007. Ms. Hursh advised that Sunrise would resubmit their 2005 payor data to the Health District. University Medical Center and St. Rose-Siena were comfortable with the data that was already submitted.

Dr. John Fildes reported data from a study that was done to better understand demographics, employment, education and other socioeconomic attributes of trauma patients who do not have health insurance. The data found that patients were younger, less likely to be white or married, less educated than their insured counterparts, less likely to have stable housing, and more likely to have annual incomes less than 30,000. It was determined that between 2004-2006 self pay patients increased by 27% and the charges to those patients increased by 80%. Per year, losses have doubled from ten million to twenty-three million dollars for self pay patients. The burden of uncompensated care would be greatly reduced if some form of health insurance was linked to employment. Massachusetts adopted legislation requiring health insurance for people who are employed and making three times the poverty level.

**B. Report on Trauma Overload/Internal Disaster Declaration**

There was a Trauma Overload declaration by Sunrise Trauma Center on July 24, 2007 that lasted approximately two hours. All of the dispatch centers as well as the other two trauma centers were notified. A written summary of the event and a copy of the Sunrise Hospital policy which addresses such situations were submitted to the OEMSTS and reviewed by the Trauma Overload/Internal Disaster review committee. The committee members consisted of Dr. Sean Dort, Dr. Allen Marino, John Recicar, Jo Ellen Hannom and Kevin Stockton. The committee agreed that the decision to go on Trauma Overload was done in the interest of patient safety and the time period was reasonable. During the time of the trauma overload declaration, there were only two trauma transports in the system and both were within UMC's catchment area.

It was recommended that the Board revisit the Trauma System Plan for a more efficient mechanism of notifying the appropriate agencies of a Trauma Overload/Internal Disaster (TO/ID) and to look at the criteria that is listed in the trauma plan. It had been suggested that the criteria be more institution specific because resources vary from center to center.

Ms. Hursh added that the fire dispatch was unaware that trauma centers had the authority to divert patients. Ms. Britt noted that she presented this matter to the Medical Advisory Board, advised them that trauma centers are allowed to divert patients during a TO/ID and asked that the agencies re-educate their personnel.

C. Report on Trauma Field Triage Criteria Protocol Regarding Patients' Choice for Transport Destination

The Health District's attorney reviewed federal law and the Nevada Revised Statutes as they relate to a trauma patient's right to choose which hospital to be transported to in Clark County. The Nevada Administrative Code states that patients who meet certain trauma criteria must be transported to a trauma center and the Medical Advisory Board has concurred and approved the Trauma Field Triage Criteria Protocol which includes the same language. In the attorney's opinion the patient's rights statute in Nevada is not applicable to trauma patients in the prehospital setting. The catchment areas for transport to trauma centers should be followed as they were designed in the best interest of patient safety.

Sandy Young asked how EMS should handle a patient who refuses to be transported to a trauma center but is willing to be transported to another facility. Ms. Britt noted that EMS personnel should educate the patient about his/her situation and utilize all reasonable possibilities to get that patient to the appropriate trauma center. EMS crews have stated that this type of refusal happens so infrequently that the Health District will handle these on a case by case basis.

The protocol will remain as currently written. The AMA algorithm in the appendix of the protocol manual does include language which suggests EMS personnel call for medical control support if they are having a difficult time with transporting a patient. Rory Chetelat advised that an updated BLS/ILS/ALS protocol manual will be rolling out soon and discussion of this protocol will be included in the training.

D. Report from Southern Nevada Injury Prevention Partnership

As the health education and prevention representative, Deborah Kreun is the chairperson for the Southern Nevada Injury Prevention Partnership. Since Ms. Kreun is a new member to the Board, Mike Bernstein gave an overview of the committee's upcoming meeting.

The meeting is tentatively scheduled for Friday, October 19 at the Springs Preserve between 9:00 to Noon. The committee would like to meet on a quarterly basis to exchange ideas, look at the problems within the community, and determine how to best coordinate prevention efforts. Mr. Bernstein asked the members to forward contact information of people who are involved in injury prevention activities in the community so they can be invited to attend the meeting.

E. Review of Trauma Transport Data

The June 2007 and July 2007 Trauma Transport Data reports were reviewed along with the analysis for January 2006 and up to July 2007.

Ms. Britt explained that the Health District will review all unknown locations and out of areas (OOA) for the next 90 days and will be contacting each of the EMS agencies to get the location of the incidents and to explain the reasoning behind the OOA. There are various reasons like time of day and traffic conditions to explain why these sometimes occur; however, Ms. Britt will be advising the QI Director's committee of the importance of getting accurate locations on the patient care reports and the importance of transporting to the appropriate trauma facility within the designated catchment areas.

F. Discussion of Cancelling September Meeting

There was a suggestion to cancel September's RTAB meeting; however, there was no interest by the Board to cancel next month's meeting. There was an interest to cancel December's meeting.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

Update on US Department of Health & Human Services Healthcare Facilities Partnership Program Competitive Grant

Jim Osti explained that the Health District tried to apply for the Healthcare Facilities Partnership grant but ran into a few obstacles. The grant application proposed the development of a unified medical control model which would have required involvement at the State level and the timeline was too short to accomplish the necessary approvals. However, on August 10, 2007, there was an announcement for another similar grant which does not require a State sign off. The grant is only good for one year and the due date is September 7. Mr. Osti did speak with the project officer and is waiting to see if the project period will be changed to a multi-year grant.

Ms. Britt noted that even though this grant's deadline is fast approaching, it is worth putting a group together to develop a model so that when an appropriate funding opportunity becomes available there will be a plan ready for submittal.

**IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

None

**V. ADJOURNMENT**

As there was no further business, Chairman Britt called for a motion to adjourn. The motion was made, seconded and carried unanimously to adjourn at 3:33 p.m.