



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

January 16, 2008 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman	Michael Metzler, M.D., Sunrise Hospital
Brian Rogers, EMT-P, MedicWest	Melinda Hursh, RN, Sunrise Hospital
Deborah Kreun, ThinkFirst-NV	John Recicar, RN, University Medical Center
Kim Dokken, RN, St. Rose Hospital	Sean Dort, MD, St. Rose Hospital
Sameer Abu-Samrah, MD, Sierra Health & Life	Allen Marino, MD, MAB Chairman
Robert Bursey, General Public Representative	Jo Ellen Hannom, RN, Clark County Fire Dept

MEMBERS ABSENT

John Fildes, MD, University Medical Center	Kevin Stockton, Centennial Hills Hospital
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SNHD STAFF PRESENT

Joseph J. Heck, D.O., Operational Medical Director	John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary	Mike Bernstein, SNHD Health Educator

PUBLIC ATTENDANCE

Patty Holden, Sunrise Hospital	Roderick Ballelos, UMC Resident
Teressa Conley, St. Rose Hospital	Rich Person, Touro University

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, January 16, 2008. Chairman Mary Ellen Britt 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 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 December 19, 2007

Chairman Britt asked for approval of the minutes of the December 19, 2007 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report on Trauma Overload/Internal Disaster Declaration

Ms. Britt reported that Sunrise Hospital & Medical Center asked to be placed on trauma overload status at 2356 on November 6th through 0140 on November 7th. The declaration was made by the trauma surgeon, the trauma program manager and the administrator on call. An influx of five patients had arrived within a relatively short period of time. Two patients were being taken to the OR by the first and second trauma surgeons and anesthesiologists, and at that point it was determined that the trauma surgery and anesthesia services had reached its capacity and the decision was made to go on trauma overload, or bypass. An attempt was made to notify all of the dispatch centers for ground and air transport services as well as the other two trauma centers but they were unable to reach anybody at Mesquite Fire & Rescue and Tri-State Care Flight. A written summary of the event as well as a copy of Sunrise's, "The Mechanism to Bypass Hospital and Divert Trauma Patients on a Temporary Basis Policy" was submitted to the OEMSTS and reviewed by the Trauma Overload/Internal Disaster Review Committee. The members included Dr. Fildes, Dr. Marino, Kim Dokken, Brian Rogers and Kevin Stockton. Ms. Britt stated there is a new step in the process where the Trauma Medical Audit Committee reviews the details of the events leading up to the overload declaration and they concurred with the review committee's findings that the declaration was made in the best interest of patient safety, the policies and procedures of both the Health District and Sunrise Hospital were followed, and the period of time Sunrise remained on trauma overload status was considered to be reasonable. During this time period there were only two trauma transports and both of them were in UMC's catchment area, therefore it was not necessary to re-direct any transports. Ms. Britt reported that Mesquite Fire & Rescue was contacted about the communication issue and they were unable to document that there was a call that came in that went unanswered. Ms. Hursh will be reviewing her policy to make sure that everyone is aware that although we share the same area code, when you call Mesquite you need to dial 1-702 prior to dialing the 7 digit number.

B. Discussion of Revisions to Clark County Trauma System Regulations

Ms. Britt reported that the Nevada State Board of Health just completed a review of their regulations that relate to trauma and that minor changes were made that this Board may want to reflect in the Clark County Trauma Regulations.

- Define "Pediatric Center for the Treatment of Trauma"

Ms. Britt explained that when the SNHD regulations were written, it was decided to have a single definition for a center for the treatment of trauma which would include all ages and both genders. The question was asked whether this Board should adopt the same definition as the Nevada State Board of Health.

Dr. Abu-Samrah questioned whether the trauma surgeons in all three trauma centers are comfortable with managing pediatrics. Ms. Britt replied in the affirmative.

Ms. Dokken stated that when the Trauma Regulations were initially written we did not have any designated pediatric centers. UMC now has a pediatric designation in accordance with the ACS definition and Sunrise is probably going to head in the same direction. She recommended they include the pediatric definition in the Trauma Regulations.

Dr. Abu-Samrah asked if this would create any kind of restriction in terms of the catchment areas. Ms. Dokken stated it's an update of the language and nothing would change.

Ms. Britt stated that she will draft the language by adopting the same definition that the State is using in their regulations and bring it back next month for the Board's review.

- Section 300.000 Subsection V: Process for Authorization
- Section 300.100 Subsection V: Process for Accepting Applications for Authorization

Ms. Britt explained that the current process for any hospital that desires designation as a center for the treatment of trauma is to first request authorization from the District Board of Health. If a demonstrated need in the system exists and the hospital meets the requirements as defined, the District Board of Health may grant provisional authorization. Upon receipt of provisional authorization the hospital applies to the State Health Division for designation. After successfully completing the State Health Division's designation process the OEMSTS makes a recommendation to the District Board of Health to approve or deny full authorization. Ms. Britt stated that this process was outlined in the Clark County Trauma Regulations before the State's trauma regulations were written. In going through the process with UMC it was identified that the State Board of Health includes the OEMSTS in the designation process so it is unnecessary to take the State Health Division's recommendation back to the District Board of Health a second time for full authorization. Following ACS verification the State Health Division will issue written notification of designation and the process should end there. Ms. Britt stated the proposed language has been incorporated into the draft revised regulations for the Board's review and comment prior to the next meeting.

- Section 300.000 Subsection I: Process for Authorization

Ms. Britt stated that in this paragraph it talks in a very broad sense about assessing the volume, acuity and geographic distribution of patients requiring trauma care and the location, depth and utilization of trauma resources in the system to determine the need for additional trauma resources in Clark County. The State put specific language in their regulations that included a demonstrated change in need that cannot be met by existing centers for the treatment of trauma or pediatric centers for the treatment of trauma including, without limitation, significant increase in the volume of patients requiring trauma services and the geographic distribution of those patients without access to existing centers. Ms. Britt asked the Board if this detailed description of the need for additional trauma resources should be added or to keep the language as currently written. Ms. Dokken asked if they could think about it and bring this issue back next month. Ms. Britt agreed.

Ms. Hursh questioned if the language is referenced in the Nevada Administrative Code (NAC). Ms. Britt advised the language is included in NAC 450B.828.

C. Review of Trauma Transport Data

Ms. Britt reported that December's statistics were very similar to November's. She was disappointed to see the out of area's were still at 7.3% in spite of efforts to educate on the catchment areas as per protocol. She added that she will continue to monitor this and if needed, she will revisit why it is happening with another focus study.

Ms. Britt stated that MedicWest is providing the OEMSTS exception reports when they transport out of area. They are submitting protocol deviation reports to explain their rationale. She reported that upon review, most of the protocol deviation reports were found to be justified. If the out of area number doesn't begin to come down we will move in the direction of asking all transport agencies to file protocol deviation reports.

Dr. Marino voiced concern over the quantity of mechanism only patients that are transported out of area. He felt that the message is not getting out that the catchment areas are not about politics but strictly about capacity which was just re-emphasized with the protocol rollout.

Ms. Hannom questioned whether it is just those patients on the Strip or is it a particular agency. Ms. Britt stated that she was unable to identify any trends but when they looked at the out of areas only about a 1/3 of them were due to a knowledge deficit. The others that we felt were justified were either clinical judgment or traffic.

Mr. Rogers stated that any time you are on the east side of the Strip it is going to be closer to go to Sunrise even though it's not in the catchment area. Dr. Marino argued that the issue is not distance, but the design of the system. Dr. Metzler commented that it was his understanding that the area around the Strip would be left to the EMS providers' discretion because of problems resulting from the high level of traffic. Dr. Marino stated that if that were the case then it would not be considered a protocol deviation, and there shouldn't be any gray areas.

Deborah Kreun inquired whether the protocol allows for the EMS provider to make a clinical judgment when time is an issue. Ms. Britt stated there is a caveat written in the protocol for that situation. She added that the RTAB agreed as a group that 5% out of area transports was the acceptable threshold for tolerance. In addition, Ms. Britt stated that she has been working with the SNHD Information Technology Department to rewrite the trauma field triage criteria spreadsheet so the data can be broken down by individual criteria and other subcategories in an effort to begin collecting cleaner data with more consistent definitions. The spreadsheet should be available to the Trauma Centers within the next 60 days.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Report on Terrorism Injuries: Information, Dissemination and Exchange Grant

Ms. Britt stated that there is nothing new to report at this time but there is a lot of work going on in the background related to data collection and using CAD data to retrieve data automatically. She added that the grant began on September 1st 2007 and will run until August 31, 2010. The Health District has submitted their first quarterly report and is staying on task with the goals and objectives of the grant.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Ms. Britt advised the Board that Dr. Heck will be leaving for Iraq where he will be serving in the capacity of a physician. She thanked him for his service and the sacrifices that he is making.

V. ADJOURNMENT

As there was no further business, Chairman Britt called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 2:56 p.m.