



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

#### REGIONAL TRAUMA ADVISORY BOARD

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

#### MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman	Michael Metzler, M.D., Sunrise Hospital
John Fildes, MD, University Medical Center	Allen Marino, MD, MAB Chairman
John Recicar, RN, University Medical Center	Sean Dort, MD, St. Rose Hospital
Kim Dokken, RN, St. Rose Hospital	Kevin Stockton, Centennial Hills Hospital
Larry Johnson, EMT-P, MedicWest (Alt.)	Deborah Kreun, ThinkFirst-NV
Melinda Hursh, RN, Sunrise Hospital	Jo Ellen Hannom, RN, Clark County Fire Dept
Robert Bursey, General Public Representative	

#### MEMBERS ABSENT

E. P. Homansky, MD, AMR-Las Vegas	Sameer Abu-Samrah, MD, Sierra Health & Life
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#### SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager	Moana Hanawahine-Yamamoto, Recording Sec.
John Hammond, EMSTS Field Representative	Michael Bernstein, CDPHP
Jim Osti, Administrative Analyst	

#### PUBLIC ATTENDANCE

Brian Rogers, EMT-P, Henderson Fire Dept	Ron Tucker, EMT-P, MedicWest
Robert Byrd, EMT-P, AMR-Las Vegas	Yee Ni Sung, Student
Teresa Conley, St. Rose Hospital	

#### 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, April 16, 2008. 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 March 19, 2008

Chairman Britt asked for approval of the minutes of the March 19, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

## II. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Discussion of Nominations for Annual Renewal of Non-standing RTAB Members

Ms. Britt explained that it is time for annual renewal of non-standing RTAB members. The positions up for renewal are the public member-at-large, health education and prevention services, payors of medical benefits, public provider of advanced emergency care, private franchised provider of advanced emergency care, and administrator from a non-trauma hospital. All nomination forms must be submitted to the Office of EMSTS by Friday, May 30, 2008.

### B. Discussion of Creation of RTAB Member Nominating Committee

Dr. Lawrence Sands, Chief Health Officer, requested that a RTAB member nominating committee be created to assist him in the annual process of appointing the non-standing members to the RTAB. The responsibilities of the committee will be to review the applications, hold a publicly noticed meeting for open discussion and make a recommendation to Dr. Sands.

A motion was made to nominate John Recicar, Melinda Hursh, Kim Dokken and Dr. Allen Marino to the RTAB Member Nominating Committee. The motion was seconded and passed unanimously.

### C. Report on Trauma Overload/Internal Disaster Declaration

There was a Trauma Overload declaration by Sunrise Trauma Center on January 26, 2008 because they received two gunshot wound patients at the same time and both required surgery; therefore, trauma surgery and anesthesia services were at capacity. The incident occurred at 5:25 a.m. and lasted for about two hours. All of the dispatch centers as well as the other two trauma centers were notified. The information was also posted on EMSsystem at the time of closure and again when the trauma center was open to accept patients. A written summary and a copy of Sunrise's "Policy for Mechanism to Bypass Hospital and Divert Trauma Patients on Temporary Basis" were submitted to the Office of EMSTS and reviewed by the Trauma Overload/Internal Disaster review committee. The committee members consisted of Drs. Sean Dort and 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 trauma overload, there were only two trauma transports that occurred and both were within UMC's catchment area. There was an assault victim that was en route to Sunrise Trauma Center at the time this TO/ID incident occurred and that patient was re-directed to UMC Trauma Center. However, John Recicar noted that the patient did not meet Trauma Field Triage Criteria and could have been treated in a general emergency department.

### D. Review of Trauma Transport Data

Ms. Britt reported that the March out-of-area (OOA) transports were 4.5% and that overall the volume increased by 100 patients.

Ms. Britt explained that even when a call is close to the border and may even be justified; it will still be counted as OOA in the data. Ms. Britt also noted that the lower OOA percentage this month is probably a reflection of the EMS educational effort to reinforce the need to transport these patients to the appropriate facility.

There have been a number of unknown locations reported by the three trauma centers. The Health District has been contacting the transport agencies to try to get the unknown location information so that the appropriate catchment area can be included in the monthly report. Brian Rogers expressed that he has been having difficulty getting this information because he only has the date and time of the incident.

The trauma centers advised that if they have other identifying information like patient care report number or the transporting unit number, they will include it on the report. However, if the run report is not left by the transporting agency, the trauma centers will not be able to include any additional information.

Dr. Marino made a motion that if the unknown calls are less than 5%, it is not necessary to use valuable time and resources to try and get this information from the EMS agencies. The motion was seconded and passed unanimously.

Kevin Stockton questioned why there are a couple of trauma patients who are being transferred from one trauma center to another trauma center. Ms. Dokken explained that as a Level III trauma center, they are not required to have specialists; therefore, all of their transfers out require neurosurgical or another type of subspecialist.

Dr. Fildes mentioned that he would support the plan to have the Health District as a Southern Nevada Trauma Registry Repository. Ms. Britt noted that the mission for the Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) grant for this first year is to create automated linkages of identified data sources to provide timely access to information who access emergency medical care through EMS, emergency departments and trauma centers in Clark County. In the TIIDE interim report, Ms. Britt had to explain that we still do not have access to the State Trauma Registry data because they are changing over to new software and have not entered the 2007 data.

Rory Chetelat stated that the Health District will be getting a server dedicated to EMS and Trauma for the data related to SB 244, transfer of care but it will also be used for all other EMS and trauma data as well.

Ms. Britt advised that the Office of EMSTS will begin the first annual performance report of the trauma system in the summer.

### **III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

Ms. Britt reported that concerns were raised about the large number of Trauma Field Triage Criteria (TFTC) patients who are discharged. She noted that Dr. Fildes reported in the previous meeting that this is not uncommon. The discharge percentage here is similar to the discharge percentage in Baltimore and the surrounding Maryland system.

Ms. Britt also added that the Health District has contacted Dr. E. Brooke Lerner from the Medical College of Wisconsin. Dr. Lerner is doing a study that will examine the American College of Surgeon's Field Triage Criteria and the mechanism of injury component to determine which conditions are predictive of trauma center need.

There will be a Southern Nevada Injury Prevention Partnership meeting next week and they will continue with provider presentations. The Injury Prevention Task Force will be supporting the effort to get the primary seatbelt law passed at the next Legislative session. Mike Bernstein stated that in the past two years, 8% of the people not wearing their seatbelts constituted 50% of the highway deaths.

The Health District and Mercy Air Services will be sponsoring a free educational event for EMS providers on Saturday, May 17 in the Auditorium at the Ravenholt Public Health Center. The event will be all day and the trauma centers have agreed to participate.

### **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 seconded and passed unanimously to adjourn at 2:59 p.m.