



## MINUTES

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

#### REGIONAL TRAUMA ADVISORY BOARD

May 21, 2008 - 2:30 P.M.

#### MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman  
John Fildes, MD, University Medical Center  
John Recicar, RN, University Medical Center  
Kim Dokken, RN, St. Rose Hospital  
Larry Johnson, EMT-P, MedicWest  
Melinda Hursh, RN, Sunrise Hospital  
Robert Bursey, General Public Representative

Michael Metzler, M.D., Sunrise Hospital  
Allen Marino, MD, MAB Chairman  
Sean Dort, MD, St. Rose Hospital  
Kevin Stockton, Centennial Hills Hospital  
Sameer Abu-Samrah, MD, Sierra Health & Life  
Jo Ellen Hannom, RN, Clark County Fire Dept

#### MEMBERS ABSENT

Deborah Kreun, ThinkFirst-NV

#### SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager  
John Hammond, EMSTS Field Representative

Moana Hanawahine-Yamamoto, Recording Sec.  
Michael Bernstein, CDPHP

#### PUBLIC ATTENDANCE

Brian Rogers, EMT-P, Henderson Fire Dept  
Robert Byrd, EMT-P, AMR-Las Vegas  
Serena Denmark, RN, Mercy Air Service, Inc.  
Timothy Orenic, EMT-P, Las Vegas Fire & Rescue  
Minta Albietz, RN, Sunrise Hospital

Chad Henry, EMT-P, MedicWest  
Julie Siemers, RN, Mercy Air Service, Inc.  
Dan Petcavage, RN, University Medical Center  
William Wagnon, MountainView 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, May 21, 2008. Chairman Mary Ellen Britt called the meeting to order at 2:30 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 April 16, 2008

Chairman Britt asked for approval of the minutes of the April 16, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

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

### **A. Discussion of Current and Future Trauma System Activities**

Ms. Britt gave a brief overview of last year's accomplishments and the goals for the upcoming year. The initial and renewal process for authorization for the center for the treatment of trauma and pediatric center for the treatment of trauma has been created. The Clark County Trauma Regulations have been revised and approved by this Board and will be going before the Board of Health for adoption. The Health District was awarded the TIIDE grant in September 2007 and will be receiving \$70,000 a year for the next three years. We will be using part of the money from the grant to improve the data collection and evaluation of the trauma system performance. With regard to the future, the goals are to prepare the first trauma data report by September 1, 2008, revise the trauma performance improvement plan by December 1, 2008 and revise the trauma system plan by March 1, 2009. Ms. Britt also noted that the State has some funding available; therefore, the possibility of piloting a centralized communication center for a specific subset of patients has been discussed.

### **B. Report on Trauma Registry Workgroup Meeting**

The meeting was held on April 23, 2008 and there were representatives from the State Trauma Registry office, the Trauma Program Managers and their Registrars, the Health District and the Nevada Hospital Association. Ms. Britt stated that the State Trauma Registry's new Central Sites software will continue to be tested at least until the end of summer. The Central Site software is web-based and will allow non-trauma centers to submit trauma data online.

The Trauma Registry data from 2006 is available on the old system but the 2007 and part of 2008 data have not been entered. The delay will push the County back in gaining access to data reporting. Andrea Rivers believes that there is a greater commitment from the State Health Division to make the Trauma Registry a priority; however, due to lack of funding, some of the initiatives will be deferred. The Clark County group felt that if the Trauma Registry program was not up and running by September 2008, the group would be more aggressive in finding an alternative.

Dr. John Fildes reiterated from the last meeting that he would support the Health District becoming a central repository for trauma data in Clark County which should include at least the minimum elements from the National Trauma Data Bank.

Ms. Britt advised that there is some funding available from the TIIDE grant and the Health District will be using part of the money to improve the data collection and evaluation of the trauma system performance by obtaining the necessary software and training.

It had been decided that the meeting was useful and the group will continue to meet at least three times a year.

### **C. Report on Southern Nevada Injury Prevention Partnership (SNIPP) Meeting**

At the April 24, 2008 meeting, the Nevada Department of Transportation (NDOT) presented the Nevada Strategic Highway Plan which includes five critical emphasis areas: seatbelts, lane departures, impaired driving, intersections and pedestrians. The goal is to save 100 lives a year which would reduce the death rate by 25%. The Nevada Seatbelt Coalition will continue to lobby for the passage of a primary seatbelt law at the 2009 Legislature.

The next meeting will be on July 31, 2008 at 10:00 a.m. and will be at the Health District. There may be a discussion on occupational deaths and injuries related to construction projects.

The pilot project for fall prevention for seniors has concluded. The group will contact the University of Wisconsin to compare notes. The University of Wisconsin has received grant funding and may be willing to help develop a train the trainer program with them. Drs. Fildes and Sameer Abu-Samrah agreed on the importance of fall prevention for seniors. The national statistics show that the most common diagnosis for trauma center admission over the age of 70 is "fall related." Elderly people who have fallen and been injured badly have a low return to productive life and the death rate is high shortly after the injury.

Ms. Britt added that the Health District maintains the pediatric drowning/near drowning registry for Clark County. There have been three deaths and 16 near-drownings so far this year. Mr. Bernstein mentioned that effective December 20, 2007, the Virginia Graeme Baker Pool and Spa Safety Act was approved. The Act promotes the safe use of pools, spas and hot tubs by imposing mandatory federal requirements for suction entrapment avoidance and by establishing a voluntary grant program for states with laws that meet certain minimum requirements. If the State of Nevada revises the law or pool code to meet the minimum requirements of this Act, they would be eligible for funding for education as well as enforcement.

Mr. Bernstein also announced the release of the manual for estimating economic costs of injury due to interpersonal and self directed violence. There were 1.6 million deaths worldwide due to violence and 86% of them were due to interpersonal and self-directed violence.

Ms. Britt also suggested that the group watch the Montana Department of Transportation's compelling video about seatbelt use called "Room to Live."

#### D. Review of Trauma Transport Data

After reviewing the May data and researching the large number of unknown locations, the Office of Emergency Medical Services and Trauma System (OEMSTS) identified two issues. MedicWest Ambulance and American Medical Response-Las Vegas use a multi-page patient care report (PCR) form and the hospital copy is the last page; therefore, they identified that this is the reason the location information is unreadable. Both agencies have sent a notice to their employees to press harder on the form. The other issue we identified deals with the fax transmissions to the hospitals. Sandy Young from Las Vegas Fire & Rescue reported to the Facilities Advisory Board (FAB) that they are using the electronic PCR from ROAM IT and that when those reports are faxed, the system notes that the transmission was successful but they are getting backed up on the server and not getting to the hospital. At this point, the IT people from the hospitals are working with Ms. Young and her IT people to rectify this problem.

10% of the calls were submitted to the Health District with unknown locations and after the OEMSTS contacted to the EMS agencies to try to get this information, 6% still remained unknown. The out of area transports were also reviewed and 1/3 of those calls were within one mile of the borders, 1/3 were justified based on patient condition and location and in 1/3 of the cases the reason was unclear.

Ms. Britt also added that she has spoken to Dr. E. Brooke Lerner from the Medical College of Wisconsin. Dr. Lerner is doing a study entitled, "The Evaluation of Mechanism of Injury Component of Trauma Triage Criteria." They would like to determine the sensitivity and specificity of the criteria. It 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. One of the recommendations is to create a standardized way of reviewing this data so that when these studies are conducted, it will be consistent. This study will be completed in March 2009 and Dr. Lerner feels that the first abstract will be available in September 2009.

Ms. Britt and Dr. Fildes attended the Western States Trauma Leadership Conference on May 4-6, 2008 in Park City, UT. There was discussion on the support of federal legislation for trauma system development and funding. Dr. Clay Mann discussed trauma system performance. Ms. Britt spoke to Dr. Mann about coming to the Health District as a resource to help us look at our data collection options.

Dr. Fildes gave a report on the American College of Surgeons' (ACS) committee on trauma activities. The ACS purchased a Wikipedia platform. This will be the home for a variety of products produced by ACS, one of them being the comprehensive performance improvement patient safety document.

At this conference, all of the intermountain states are represented. This allowed the intermountain states to discuss similar challenges like funding and specialty coverage in rural areas and how to solve those problems. Dr. John Fildes suggested that a delegation from the RTAB attend the next Western States Trauma Leadership Meeting to discuss issues with their counterparts from Arizona, Southeastern California and Utah. Many patients move across statelines and therefore, trauma system issues may extend outside of Clark County as well.

There was also a very interesting presentation by Dr. Jeffrey Saffel who is the Director of Intermountain Burn Center about telemedicine and burn care. He shared how he was able to use telemedicine effectively and how it saved the patient a great deal of cost and angst.

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

Ms. Britt reminded the Board that all nominations are due by May 30, 2008. The RTAB Member Nominating Committee will have a meeting on Tuesday, June 10 and their recommendations will be forwarded to Dr. Lawrence Sands, Chief Health Officer, for his final appointment.

The Health District and Mercy Air Service sponsored an EMS day on Saturday, May 17. It was a great inter-agency effort. There were exceptional speakers, static displays outside and specialty units from various EMS agencies.

Larry Johnson introduced Chad Henry, the new Operations Manager at MedicWest Ambulance.

Ms. Dokken noted that St Rose Siena's Level 3 trauma center verification by the American College of Surgeons had been concluded.

The Board bid farewell to John Recicar, Trauma Program Manager for UMC. He has taken a job with the University of Pittsburgh in Doha, Qatar.

### **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 3:15 p.m.