MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

December 17, 2008 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
John Fildes, MD, University Medical Center
Susan Hilger, General Public Representative
Larry Johnson, EMT-P, MedicWest
Michael Metzler, MD, Sunrise Hospital
Melinda Hursh, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Hospital
Gregg Fusto, RN, University Medical Center
Sean Dort, MD, St. Rose Hospital
Allen Marino, MD, MAB Chairman
Deborah Kreun, ThinkFirst-NV
Brian Rogers, EMT-P, Henderson Fire Dept

MEMBERS ABSENT

Scott Cassano, Health Plan of Nevada
William Wagnon, MountainView Hospital

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Moana Hanawahine-Yamamoto, Recording Sec.
Trish Beckwith, EMSTS Field Representative
Joseph J. Heck, D.O., Operational Medical Director
Mike Bernstein, SNHD Health Educator
John Hammond, EMSTS Field Representative

PUBLIC ATTENDANCE

Dan Petcavage, RN, University Medical Center
Eric Dievendorf, EMT-P, AMR-Las Vegas
Brandie Green, EMT-P, AMR-Las Vegas

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, December 17, 2008. Chairman Mary Ellen Britt called the meeting to order at 2:33 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.

Approve Minutes/Regional Trauma Advisory Board Meeting: 11/19/08

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

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Trauma System Performance Improvement Committee

1. Selection of Chairperson
   Dr. Marino was elected the Chairperson for this committee.

2. Discussion of Purpose of Committee
   Dr. Marino mentioned the importance of developing expectations for EMS providers that can show how patient care is impacted. The committee would like to work on a model of trauma system performance and offer a way to open up the lines of communication between prehospital agencies and the trauma centers.

3. Discussion of Trauma System Performance Indicators/Benchmarking
   All three trauma centers are going to conduct a study of all trauma field triage criteria (TFTC) patients from January 5 to January 9, 2009 to determine if the two criteria points, location of the incident and if the patient met TFTC, were documented in the EMS record. The data gathered from this study will be the baseline assessment of EMS documentation and then, the committee plans to do more focused performance improvement activities in the future.

B. Discussion of Nominations for Trauma Medical Audit Committee (TMAC) Members
Ms. Britt advised that the annual appointments for the TMAC will expire at the end of the month and the office has not received any nominations for the emergency physician not affiliated with a trauma center position. Rory Chetelat, EMSTS Manager, will be calling a few emergency physicians to see if there is any interest in serving and the hope is to have the letters of appointment by the beginning of the year. Dr. John Fildes suggested contacting the non-trauma hospitals that receive a high number of trauma patients to see if there is an emergency physician that may be willing to serve on the committee.

C. Discussion of Revisions to the Trauma Performance Improvement Plan

It has been two years since the Trauma Performance Improvement Plan was adopted and a couple of the procedures are being handled slightly differently than the plan outlined.

A motion was made to create a workgroup of the stakeholders to review the trauma performance improvement plan and submit recommendations to the Board. The motion was seconded and passed unanimously.

Ms. Britt explained that she already made a few administrative changes to the document which were indicated by strikeouts and italics. She also asked those who were interested in participating in the workgroup to contact the Office of Emergency Medical Services and Trauma System.

D. Review of Trauma Transport Data

The trauma transport data for October and November 2008 as well as the trend line analysis for the past 12 months were reviewed. Ms. Britt reported that the trauma patient volume has continued to decrease. Brian Rogers advised that EMS transports are down approximately 80-90 transports a day. Dr. Fildes noted that the in-hospital beds census is down city-wide as well. The out of areas (OOA) in the month of November was 6.2%.

The EMS agencies were able to research the OOA calls for September and submitted the following results:

- 32% Difference between Prehospital and Trauma Center Patient Assessment
- 17% Patient Request w/out an AMA
- 13% Knowledge Deficit (boundaries/criteria)
- 13% Clinical Judgment (the patient condition warrants closest trauma center)
- 13% Diverted by Dispatch (which was addressed with dispatch)

Larry Johnson mentioned that the new AMA form will be rolling out after the first of the year. Ms. Britt reiterated that during the initial discussions the Board decided that if a patient adamantly refused to go to the appropriate trauma center, rather than leaving the patient on the scene, the patient would sign an AMA that stated he/she was advised that he/she should be transported to hospital A but wants to be transported to hospital B. However, at that time, the Board was also told that this was a rare occurrence but this justification has been increasing over the past four months.

Drilling down this data has proven to be valuable because it's given the Board an opportunity to understand the medics' decision-making process as well as identifying deficiencies. Ms. Britt thanked the EMS agencies and the trauma centers for providing the data for this report.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Ms. Britt stated that the Health District's Public Information Office published an article about the trauma system report in the Clark County Medical Society Newsletter. Dr. Fildes also suggested looking into broadcasting information from the trauma system report on Clark County television Channel 4 because a lot of people in the community do watch that channel.

Ms. Britt advised that Nevada open meeting law now allows electronic notices of the meeting. Forms were given to each member on the Board to choose how he/she would like to receive the meeting notices (by email or by US mail).

Susan Hilger emailed the Obama/Biden transition team with some suggestions and received a response from the Transition Health Policy Team suggesting she hold a meeting and forward any suggestions from that meeting by 12/31/08. Dr. Fildes explained that issues of importance are collected in briefing books. Dr. Fildes also suggested that it would be best to present the statement as pre-injury issues, injury-related issues and post injury issues. Prevention programs are the only way to reduce the number of on-scene deaths or at least reduce the severity of injuries so that they survive long enough to receive medical treatment. It is also crucial to let them know that the majority of people who experience trauma are generally between the ages of 15-45 years of age. There is a very high financial and social burden because people may experience disability and the inability to provide payment for their care.

Dr. Fildes also noted that there is no federal oversight of the creation, development and/or monitoring of trauma systems at the national level. This office has been closed and unfunded for five years. It has been left to EMS agencies, professional organizations and the National Association of State EMS Officials to take on the responsibility of overseeing trauma care.

IV. PUBLIC COMMENT

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 3:06 p.m.