MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

June 17, 2009 - 2:30 P.M.

MEMBERS PRESENT

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

MEMBERS ABSENT

William Wagnon, MountainView Hospital
Gregg Fusto, RN, University Medical Center
Scott Cassano, Health Plan of Nevada

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Julie Siemers, RN, Mercy Air Service
Suzanne Cram, Desert Canyon Rehabilitation Hospital
Minta Albietz, RN, Sunrise Hospital
Alvin Massenburg
Teressa Conley, St. Rose Siena Hosptial

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, June 17, 2009. 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.

Approve Minutes/Regional Trauma Advisory Board Meeting: 4/15/09

Chairman Britt asked for approval of the minutes of the April 15, 2009 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from RTAB Member Nominating Committee Meeting

Discussion of Nominations for Non-standing RTAB Members

The committee held a meeting on Monday, June 15, 2009 and reviewed all of the nomination forms that were submitted for the non-standing seats on the RTAB. Ms. Britt advised the committee that the Board of Health strongly recommended staggering the appointment of non-standing seats; therefore, the public and private providers of advanced emergency care will be rotated and the new rehabilitation services representative has been added. The term for these three seats will end in June 2011. The four remaining non-standing members will retain their seats and their term will end in June 2010.

The committee's recommendations were given to Dr. Lawrence Sands, Chief Health Officer of the Southern Nevada Health District, and Dr. Sands has accepted those recommendations. The official appointment letters will be sent out by the end of the week.

Ms. Britt stated the new term will begin at the July 15, 2009 meeting and a new chairman will be elected at that time.

B. Report on EMS/Trauma Performance Improvement Committee Meeting

Discussion of Data Collection Process

Dr. Allen Marino stated the committee will be reviewing all trauma cases with on scene times greater than 20 minutes, needle thoracostomy cases, and trauma-related protocol deviations beginning June 1, 2009. The aggregate data will be reported quarterly.

The committee also discussed strategies to improve data collection in the trauma system. One recommendation was to create a centralized location at each trauma center to collect completed EMS patient care reports (PCRs) following transfer of care. Beginning tomorrow, June 18, all three trauma centers, UMC, Sunrise and St Rose Siena, will have a designated basket located in their trauma bay for PCRs for all trauma patients transported to their facility. The committee hopes this will help the trauma centers keep track of the PCRs which are vital to required data collection activities and will help provide meaningful information for future EMS and trauma system development.

C. Discussion of Trauma Field Triage Criteria (TFTC) Protocol

Dr. Marino felt it would be prudent to form a workgroup to examine the Centers for Disease Control and Prevention (CDC) recommended revisions to the field triage decision scheme and investigate how those changes, if adopted in Clark County, will impact the trauma system. The workgroup's findings will be reported back to the RTAB for their final approval. Dr. Marino suggested the workgroup consist of himself, the Medical Advisory Board chairman, an EMS representative, a non-trauma center physician, an individual from each trauma center and a payor. Dr. Marino asked Dr. E.P. Homansky if he would be willing to participate in this workgroup because he is an emergency physician with the only hospital system that does not have a sister hospital already represented on the RTAB.

Dr. Michael Metzler voiced his concern of having a payor as part of the workgroup. He explained that changes to the TFTC protocol should be based on need and not on financial resources. Ms. Britt reiterated that the workgroup is a fact-finding group and is not a policy making body.

Dr. John Fildes noted that there will be the same number of injured patients. The only change would be that those injured patients would be transported differently. The CDC panel found that using mechanism of injury as the only criteria to transport someone to a trauma center was not as consistently predictive as it should be and they removed some of the existing mechanism criteria. However, the addition of vehicle telemetry data black box technology to measure the energy exchange to the vehicle is almost impossible to retrieve at this time because EMS does not have the

ability to obtain that information at the time of the incident. The CDC felt that the trauma centers should treat the most severely injured patients while the patients with less severe injuries should be transported to the closest emergency department. This would mean a huge cultural change for valley hospitals. Will they be prepared to receive these patients?

Dr. Fildes added that almost all of the federal government agencies and most of the healthcare organizations have endorsed the recommendations contained in the CDC report, "Guidelines for Field Triage of Injured Patients." The Board will need to discuss if Clark County will adopt the new field triage decision scheme or modify it.

Dr. Metzler made a motion that it is inappropriate to include a payor representative as part of the TFTC workgroup. The motion was seconded and passed. Dr. Fildes, Larry Johnson and Brian Rogers opposed the motion.

Dr. Marino made a motion to form a TFTC workgroup which will include one representative from each trauma center, the Medical Advisory Board chairman, one non-trauma emergency department physician, one representative from an emergency medical services agency and a representative from the Health District for a total of seven individuals. The motion was seconded and passed unanimously.

D. Discussion of Trauma Treatment Protocol

The Drug/Device/Protocol committee welcomed input from the Board regarding the trauma treatment protocol. Ms. Britt asked the members to email their recommendations to her and their input would be submitted to the committee at the next meeting on July 1, 2009.

Dr. Metzler mentioned that he would like a detailed description under BLS rather than just control hemorrhage. Rory Chetelat explained that the committee has identified there are inconsistencies in the protocol manual with regard to simple and detailed descriptions under each criteria of the protocol. The committee will sort through the information that needs to be in the protocol and separate the information that would best be suited for an educational component.

E. Review of Trauma Transport Data

The out of area (OOA) percentage for April was 4.7% and 6.3% in May. There are still 8 outstanding unknown locations in April so once that information is received, there may be a revision to the OOA monthly percentage. Since the OOAs in May was above the Board's threshold of 5%, further investigation into the reasons for each OOA will be required from the EMS agencies.

The out of areas (OOA) in December 2008 was 6.7%. The EMS agencies were able to research these calls and submit the following results:

- 28% Knowledge deficit (boundaries/criteria)
- 20% Difference between Prehospital and Trauma Center Patient Assessment
- 12% Multiple family member patients
- 12% Border calls (within one mile from the boundary)
- 8% Patient request without an AMA
- 8% unable to locate call
- (1 call) Improper patient assessment
- (1 call) Traffic
- (1 call) Clinical Judgment (pt condition warranted transport to closest trauma center)

Ms. Britt explained that the Health District has been trying to find other ways to analyze the data they are currently collecting. At this time, the Health District is investigating the possibility of mapping the TFTC locations with the geographic information system (GIS) software. The goal would be to identify the TFTC locations in FirstWatch because the latitude/longitude coordinates

are given and link it back to the GIS software. The Health District will pursue this matter further and will continue to update the Board on their progress.

F. Report on Southern Nevada Injury Prevention Partnership Meeting

Deborah Kreun reported that the Coroner provided an overview of the data collected in his office. SNIPP would like to begin analyzing the death data from the Coroner's office so that they can begin modifying some of their prevention programs to address the issues identified in the data. Jeannie Cosgrove from Sunrise Hospital presented the pediatric trauma and Safe Kids report.

Mike Bernstein updated the Board on the fall prevention program. The Clark County Department of Parks and Recreation and the City of Las Vegas Department of Leisure Services currently offers various classes to the community and are willing to add the fall prevention classes to their programs. Mr. Bernstein added that they would train the departments existing staff and hire a part time person to visit the various sites to maintain fidelity.

G. Presentation on Military Medical Operations in Afghanistan

Dr. Fildes was selected by the American College of Surgeons to visit Afghanistan and U.S. Army Landsthul Regional Medical Center in Germany. He was tasked with creating documentation to codify the trauma system.

Landsthul is the collection point for all wounded military from the Middle East, Asia and Africa. They are stabilized and transported back to their respective countries. The route from injury to definitive care goes from the Level 1 Battalion Aid Station, Level II Forward Surgical Teams, Level III Combat Support Hospital and Level IV Definitive Care at the Landstuhl Regional Medical Center.

Patient care in Afghanistan is a multinational effort. In Kandahar Afghanistan, there is a multinational hospital that treats approximately 450 seriously injured patients a month. The hospital staff is from 9 different countries and speaks 9 different languages but their advanced trauma life support (ATLS) training standardizes the way injuries are treated.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Chairman Britt called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:44 p.m.