



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

July 15, 2009 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
Michael Metzler, MD, Sunrise Hospital
Susan Hilger, General Public Representative
Eric Dievendorf, EMT-P, MedicWest (alt)
Deborah Kreun, ThinkFirst-NV
Melinda Case, RN, Sunrise Hospital
William Wagon, MountainView Hospital

Kim Dokken, RN, St. Rose Siena Hospital
Gregg Fusto, RN, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital
Sandy Young, RN, Las Vegas Fire & Rescue
Allen Marino, MD, MAB Chairman
John Fildes, MD, University Medical Center
Suzanne Cram, Desert Canyon Rehabilitation Hospital

MEMBERS ABSENT

Scott Cassano, Health Plan of Nevada

Larry Johnson, EMT-P, MedicWest

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

Camela Malpin, Touro University
Teresa Conley, St. Rose Siena Hospital

Troy Tuke, EMT-P, Clark County Fire Department

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, July 15, 2009. 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.

Approve Minutes/Regional Trauma Advisory Board Meeting: 6/17/09

Chairman Britt asked for approval of the minutes of the June 17, 2009 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Welcome and Introduction of New Members

Dr. John Fildes, Trauma Medical Director, UMC
Gregg Fusto, Trauma Program Manager, UMC
Dr. Michael Metzler, Trauma Medical Director, Sunrise
Melinda Case, Trauma Program Manager, Sunrise
Dr. Sean Dort, Trauma Medical Director, St. Rose – Siena
Kim Dokken, Trauma Program Manager, St. Rose – Siena
Dr. Allen Marino, Chairman, Medical Advisory Board
Scott Cassano, Health Plan of NV, payor of medical benefits representative
Suzanne Cram, CEO Desert Canyon Rehabilitation Hospital, rehabilitation services
Eric Dievendorf (Larry Johnson’s alternate), AMR-LV/MedicWest, private franchised provider of advanced emergency care
Susan Hilger, general public
Deborah Kreun, ThinkFirst NV, health education and injury prevention services representative
William Wagon, MountainView Hospital, administrator from a non-trauma hospital
Sandy Young, Las Vegas Fire & Rescue, public provider of advanced emergency care

Ms. Britt welcomed the new members and expressed appreciation for their willingness to serve on the Board.

B. Election of Chairman and Vice Chairman

Ms. Britt has been the chairman for this Board for the past two years and felt it was time to elect a new chairman from the body. She explained that the Health District would continue to provide the administrative support to the chairman.

Ms. Case made a motion to elect Ms. Dokken as the chairman. The motion was seconded and passed unanimously.

Ms. Young made a motion to elect Mr. Fusto as the vice chairman. The motion was seconded and passed unanimously.

C. Report from Trauma Field Triage Criteria Workgroup Meeting

1. Discussion of Trauma Field Triage Criteria Protocol

Dr. Marino explained that the workgroup reviewed the recommended revisions to the field triage decision scheme by the Centers for Disease Control and Prevention (CDC). The major change was made in Step 3 Mechanism-of-Injury criteria. The results of those studies suggested that mechanism of injury is not an adequate sole criterion to identify major injury among crash victims. 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. Therefore, the workgroup felt it would be best to leave Step 3 in the Trauma Field Triage Criteria (TFTC) protocol unchanged but modernize the language in Step 1 and Step 2 to match the CDC’s recommendations. The workgroup has decided to hold another meeting in approximately six months to evaluate the trauma system and its ability to handle the CDC’s recommended revisions to Step 3.

Ms. Young expressed that the language, “the patient must be transported to a Level 1 or 2 center for the treatment of trauma” reads as if the field providers have the option to transport to a Level 1 or 2 and not have to follow the designated catchment areas. Rory Chetelat felt that this clarification can be made at the Medical Advisory Board meeting. Ms. Young also suggested that the language, “(Mechanism Criteria)” be added next to the verbiage Step 3 to keep the consistency with Step 1 and Step 2.

Mr. Fusto asked about the addition of the Step 4 Special Consideration criteria. In Step 4, EMS must determine whether the patient who has not met physiologic, anatomic or mechanism-of-injury criteria has underlying conditions or comorbid factors that place he/she at higher risk for severe injury. Dr. Marino noted that the workgroup decided to hold off on adding Step 4 as well. Mr. Fusto thought that with the high elderly population in Las Vegas, it would be beneficial to add this step to the protocol. Ms. Case noted that EMS seems to understand the risk of severe injury in pediatric, elderly or pregnant trauma patients and are currently transporting these patients to trauma centers.

Dr. Heck wanted to remove the reference to a multiple patient situation in line 2 of exceptions because it has been addressed in the general patient care as well as in the forward of the protocol manual. Ms. Britt noted that this information must be included as a bullet point in the educational supplement because it does come up frequently when reviewing the monthly out of area transport data.

Dr. John Fildes made a motion to include the language, “(Mechanism Criteria)” next to Step 3, remove line 2 under exceptions and revise the rest of the TFTC protocol as written. The motion was seconded and passed unanimously.

Dr. Joseph Heck advised that the TFTC protocol will be revised as approved but the final format will be at the discretion of the Health District.

2. Discussion of Trauma Transport Destination Guidelines

Dr. Michael Metzler would like Sunrise Trauma to be considered as a destination for TFTC transports from air ambulance agencies in Clark County. Ms. Britt believed it would be best to either create a subcommittee or agendaize this topic specifically because this would be a major change to the trauma system and the only air ambulance service in Clark County, Mercy Air Service, was not present at the meeting.

Dr. Metzler made a motion to create a subcommittee to review the air ambulance trauma transport destination guidelines. The motion was seconded and passed unanimously.

D. Review of Trauma Transport Data

The out of area (OOA) percentage for May was 6.3%, however, we are still waiting for the justifications from the EMS agencies and will report back next month. The OOA percentage for June was 3.3% but there are a number of outstanding unknown locations so once that information is received, there may be a revision to the OOA monthly percentage. The overall monthly volume dropped again. Ms. Britt mentioned that in the first quarter of 2007, there were 1,628 TFTC patients transported to area trauma centers. In that same period in 2008, there were only 1,420 TFTC patients. In the first quarter of 2009, the volume was 1,159 TFTC patients. Discussion regarding the possible reasons for the decrease included a shift in the population due to the economic downturn as well as an improvement in health education and prevention services.

Deborah Kreun attended a presentation at Foothills High School. One of the exercises asks all of the students various questions about seat belt and cellular phone use while operating or riding in a vehicle and for the first time in five years, the students indicated that they are more aware of the importance of seat belt use and not using a cellular phone while driving. This illustrated that the education regarding seatbelt restraints and cellular phone use is starting to filter down.

Mike Bernstein attended training with the National Highway Traffic Safety Administration (NHTSA) which dealt with older adult drivers. This training was directed to law enforcement and included recognizing some of the issues older adult drivers have and the reasons they are involved in car accidents.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Unfortunately, Mr. Chetelat was unable to demonstrate the geographic information system (GIS) software because the software is only available on his desktop. Maps were given to the Board members with the TFTC data from November and December 2008. Mr. Chetelat reported that any of the criteria columns in the TFTC spreadsheet can be mapped in GIS. However, due to the lack of GIS training in Las Vegas, Mr. Chetelat has been teaching himself. The accuracy rate on the addresses is approximately 70% because the system does not recognize mile markers, specific streets (i.e. St. Rose Pkwy and Lake Mead Blvd) and names of locations (i.e. Sandy Valley Racetrack and Lake Mead).

It would be ideal if the TFTC locations were identified in FirstWatch because the latitude/longitude coordinates are included in the data but the problem is identifying a trauma patient in FirstWatch. Due to the availability of grant funding, the Health District has asked FirstWatch if they can aggregate the data from all three trauma centers and then, at that point, filter out the trauma patients.

Another option would be to access the trauma patient through the electronic patient care reporting (ePCR) system. However, some of the EMS agencies are having difficulty with funding for the hardware so it is uncertain when the new ePCR system will be up and running. One federal funding opportunity with the Department of Transportation requires the ability to get the number of EMS calls that are trauma-related due to motor vehicle crashes. Currently, the trauma system does not have this information.

Data collection is vital in providing meaningful information for future EMS and trauma system development. The information gathered from this data will allow us to make evidence-based decisions regarding the viability of our trauma system.

Ms. Britt gave a brief overview of the activities of the Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) partners:

American College of Emergency Physicians: distribution of the “Bombings: Injury Patterns and Care” curriculum for healthcare providers

American Medical Association: dissemination of National Disaster Life Support (NDLS) training (nationally and internationally) and working on a reporting tool for mass casualty events

American Trauma Society: developed the Bomb Blast Injury fact sheets and have a mechanism to distribute in a moment’s notice when an event occurs

National Association of County and City Health Officials: a clearinghouse for different best practices tools and resources that are available nationally and internationally for global health departments to access

National Association of EMS Physicians: promoting national guidelines for mass casualty triage

Southern Nevada Health District: working on data collection and the ability to provide this information to the stakeholders who are doing preparedness in the community so that they can be evidenced based in their decision making

Dr. Heck revised the original “Bombings: Injury Patterns and Care” curriculum to address the special role security personnel play in the response to a mass victim incident (MVI). Lessons learned from international bombing events have helped us recognize that the true first responders in a MVI have a tremendous impact on controlling the scene and preventing large numbers of injured victims from self-transporting to hospitals in close proximity to the incident. The training DVD is 40 minutes in length and 1,000 DVDs were produced. There are 5,000-7,000 security officers in Clark County and Ms. Britt has presented the training to the Las Vegas Security Chiefs Association for distribution. She will also make contact with Northern Nevada to circulate these DVDs as well.

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 3:26 p.m.