



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

August 19, 2009 - 2:30 P.M.

MEMBERS PRESENT

Kim Dokken, RN, Chairman	Rory Chetelat, Regional Trauma Coordinator (alt)
Larry Johnson, EMT-P, MedicWest	William Wagnon, MountainView Hospital
Susan Hilger, General Public Representative	Sean Dort, MD, St. Rose Siena Hospital
Suzanne Cram, Desert Canyon Rehabilitation Hospital	Sandy Young, RN, Las Vegas Fire & Rescue
Deborah Kreun, ThinkFirst-NV	Allen Marino, MD, MAB Chairman
Melinda Case, RN, Sunrise Hospital	John Fildes, MD, University Medical Center

MEMBERS ABSENT

Scott Cassano, Health Plan of Nevada	Gregg Fusto, RN, University Medical Center
Mary Ellen Britt, RN, Regional Trauma Coordinator	Michael Metzler, MD, Sunrise Hospital

SNHD STAFF PRESENT

John Hammond, OEMSTS Field Rep	Mike Bernstein, SNHD Health Educator
Moana Hanawahine-Yamamoto, Recording Sec.	

PUBLIC ATTENDANCE

Shane Ford, Touro University	Troy Tuke, EMT-P, Clark County Fire Department
Teresa Conley, St. Rose Siena Hospital	Brian Rogers, EMT-P, Henderson Fire Department
Julie Siemers, RN, Mercy Air Service, Inc.	Eric Dievendorf, EMT-P, AMR-Las Vegas
Yvonne Smith-Hoch, Alternate Rehab Member	Patricia D. Hatcher, RN, Spring Valley Hospital
Aileen Thompson, RN, Summerlin 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, August 19, 2009. Chairman Kim Dokken 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 Dokken noted that a quorum was present.

I. CONSENT AGENDA

Chairman Dokken 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: 7/15/09

Chairman Dokken asked for approval of the minutes of the July 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 Air Ambulance Trauma Transport Destination Committee Meeting

Discussion of Air Ambulance Trauma Transport Catchment Area

Last month, Dr. Michael Metzler requested that a subcommittee review the catchment area for air ambulance Trauma Field Triage Criteria (TFTC) transports and discuss the possibility of revising this catchment area. Currently, all trauma calls that meet TFTC protocol, regardless of location, that are transported by air ambulance must be transported to University Medical Center Trauma.

When Clark County changed from a single trauma center to a three trauma center system, 25% of UMC's trauma patient volume was distributed to accommodate the two new trauma centers. The subcommittee reviewed the air ambulance data for the past 18 months. In 2008, there were only 328 air ambulance TFTC transports. Dr. John Fildes explained that the Board has noticed the steady decline in the overall volume of TFTC patients on a monthly basis. If the air ambulance catchment area was revised, UMC would lose approximately 25% or 82 trauma patients.

The subcommittee considered Sunrise Trauma's request and decided that it would not be wise to reduce UMC's trauma volume and risk the possibility of destabilizing Clark County's only Level 1 trauma center at this time. The subcommittee is willing to reconsider this request when the overall trauma patient volume begins to stabilize again.

B. Discussion of Problems Related to Transfer of Radiological Studies Between Healthcare Facilities

Ms. Dokken explained that the Trauma Medical Audit Committee (TMAC) discovered there were problems with transferring radiological studies between healthcare facilities. It was said that there was a problem with opening the data on the CD or disc because of incompatible software. This required reimaging the patient at the receiving facility and resulted in an additional charge. Dr. Fildes shared that on a national level, it was found that the imaging software was proprietary and could not be transferred to another facility. A server based storage unit was created but requires subscription from a facility to access the data.

Rory Chetelat advised that the Health District's Information Technology (IT) recommended a file transfer protocol (FTP) site where the transferring facility would give the receiving facility a password to access the patient's images. William Wagnon mentioned that PACS filmless radiology system allows images and data to be delivered to medical providers through an internet connection. It would require remote connectivity capability and a log in for the receiving facility. Melinda Case stated that Sunrise has made agreements with other facilities to access PACS; however, there are still issues with the radiology tech at 2:00 a.m. who may not be adept at running images.

Another problem identified was the fact that most radiologists will not re-read another radiologist's image because if the reading differs there is a liability issue. However, sub-specialists at the receiving facility are usually comfortable with using the original image but more than likely additional images may be required to see the progression of the patient's condition.

Dr. Fildes suggested that the trauma centers bring the appropriate people to the table to try and find a solution to this problem. The trauma centers decided it would be best to discuss this matter further at TMAC.

C. Discussion of Southern Nevada Health District Fees for Trauma Center Authorization and Reauthorization

Mr. Chetelat reported that funding from the Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) grant will end on August 31, 2010. Most of the funding from this grant has been used to support the trauma system development and due to the current economic climate, the Health

District would like to discuss the possibility of adding a \$3,000 fee for a trauma center authorization and reauthorization to the fee schedule next fiscal year. The trauma center authorization and reauthorization period is 3 years. The Health District has dedicated 1.5 full-time employees to the trauma system development and even though \$9,000 every three years is minimal, it is a step in the right direction to help with the budget crisis.

Mr. Chetelat stated that the Health District has researched trauma center authorization/reauthorization fees in the surrounding states and the fees range from \$2,500-\$8,000. However, most of the other states supplement the funding of their trauma system through taxes or motor vehicle fees/fines. There have been a couple of failed legislative attempts to generate funding to support the trauma system in Nevada through taxes, fees or fines.

Dr. Fildes agreed that the Health District does support the trauma system development and the proposed fees are reasonable and customary; however, it is not a sustainable funding source. The Board members will need to consider alternate options to generate sustainable funding for the trauma system. Without this funding, the Board's activities will eventually fail.

Mr. Chetelat added that the Health District will keep the Board informed of the progress of the \$3,000 trauma center authorization and reauthorization fees change to next year's fee schedule.

D. Review of Trauma Transport Data

The out of area (OOA) percentage for June was 4%. The OOA percentage for July was 6.7% so the EMS agencies will be required to provide feedback to the Board based on the reasons for the OOAs. The overall monthly volume dropped again. Susan Hilger commented on the volume consistently dropping but would like to compare the monthly totals next month.

Mr. Wagon wanted to discuss the frequency of the RTAB meetings. Ms. Dokken explained that the Health District has been conscientious to cancel meetings when there are few items on the agenda. This matter will be put on next month's agenda for further discussion.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Mr. Chetelat demonstrated how all of the criteria columns in the Trauma Field Triage Criteria (TFTC) spreadsheet can be mapped in geographic information system (GIS). FirstWatch gathers real-time data and identifies trends and specific occurrences. This data includes the latitude and longitude coordinates as well as all EMS time (scene, en route, etc.) information. FirstWatch has aggregated the calls being transported to the three trauma centers so the Health District can begin to filter out the TFTC calls.

GIS will be a powerful tool to help evaluate the trauma system and all of the data collection will provide the framework to determine the need to add or remove a trauma center in Clark County.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Chairman Dokken called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:17 p.m.