



AMENDED MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

October 21, 2009 - 2:30 P.M.

MEMBERS PRESENT

Kim Dokken, RN, Chairman	Mary Ellen Britt, Regional Trauma Coordinator
Eric Dievendorf, EMT-P, AMR-LV (Alt.)	William Wagnon, MountainView Hospital
Susan Hilger, General Public Representative	Sean Dort, MD, St. Rose Siena Hospital
Suzanne Cram, Desert Canyon Rehabilitation Hospital	Troy Tuke, EMT-P, Clark County Fire Dept (Alt.)
Deborah Kreun, ThinkFirst-NV	Allen Marino, MD, MAB Chairman
Melinda Case, RN, Sunrise Hospital	John Fildes, MD, University Medical Center
Michael Metzler, MD, Sunrise Hospital	Gregg Fusto, RN, University Medical Center

MEMBERS ABSENT

Scott Cassano, Health Plan of Nevada	Larry Johnson, EMT-P, MedicWest
Sandy Young, RN, Las Vegas Fire & Rescue	

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

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, October 21, 2009. Chairman Kim Dokken called the meeting to order at 2:34 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: 8/19/09

Chairman Dokken asked for approval of the minutes of the August 19, 2009 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Changing Frequency of RTAB Meetings

Last month, William Wagon asked the Board to consider changing the frequency of the RTAB meetings. The Board agreed that it is no longer necessary to have monthly meetings. Mary Ellen Britt stated that Clark County Trauma System Regulation 400 allows the chairman to determine if more or less frequent meetings are necessary.

A motion was made to have the RTAB meet quarterly. There was a caveat that additional meetings may be added if deemed necessary. The motion was seconded and passed unanimously.

It was noted that trauma data would continue to be submitted monthly.

B. Review of Trauma Transport Data

Ms. Britt reported the number of trauma field triage criteria (TFTC) transports by quarter from 2006-2009. The trendline clearly showed the steady decline in the overall volume of transports over the past four years. Dr. John Fildes stated that the number of complex surgical cases required to train residents has dropped drastically as well.

The out of area (OOA) percentages for July was 6.1%, August was 6.7% and September was 6.6%. The OOA percentages for all three months were above the Board's 5% threshold; therefore, the EMS agencies will be required to provide feedback to the Board regarding the reasons for the OOA transports.

The OOA in May 2009 was 6.3%. The EMS agencies were able to research these calls and submit the following results:

- 1/3 Knowledge deficit (boundaries/criteria)
- 1/3 Clinical Judgment (pt condition warranted transport to closest trauma center)
- 1/3 Patient request with and without an AMA

Ms. Britt added that the EMS agencies are in the process of doing the 90-day roll out of the new BLS/ILS/ALS protocols that will be effective January 1, 2010. Dr. Joseph Heck included a section in the educational supplement that re-emphasizes the importance of transporting TFTC patients within the designated catchment areas.

Brian Rogers from Henderson Fire Department asked the Health District if it would be possible to identify the OOA transports that were justified and remove them from the calculation of OOAs. The TFTC protocol allows EMS providers to transport to the closest facility if there is an inability to adequately ventilate the patient or if traffic or weather conditions might jeopardize the patient's condition.

Dr. Heck advised that the TFTC protocol is divided into three steps: physiologic criteria, anatomic criteria and mechanism of injury. Dr. Allen Marino voiced his concern that the majority of the OOAs are mechanism only. Most mechanism patients have low injury severity scores but it is important that they are thoroughly evaluated at a trauma center. Dr. Fildes reminded the Board that when there was only one trauma center in Clark County, 97% of the patients were transported from the scene within 30 minutes.

Dr. Marino commented that the catchment areas have been in place for a while and knowledge deficiency deviations should no longer be tolerated. Dr. Heck added that the Health District will need to become more engaged in reviewing mechanism only OOA transports.

Dr. Metzler made a motion to exclude the OOA transports that are justified by protocol from the total OOA count. The motion was seconded and passed unanimously.

Ms. Dokken requested that an additional drop down list be added to the TFTC spreadsheet with the acceptable reasons for OOA transports. Dr. Metzler also asked that a dead on arrival (DOA)

column be added to the spreadsheet as well. The trauma program managers agreed that the definition of DOA is expired within 15 minutes of arrival.

Troy Tuke informed the Board that the electronic patient care report (ePCR) should be online by the beginning of next year. The program utilizes the functionality of the internet to provide centralized real-time access to data. Clark County Fire Department, Henderson Fire Department, Las Vegas Fire & Rescue and North Las Vegas Fire Department are in the final stages of signing contracts with Sansio.

Mr. Tuke imagines business agreements will need to be signed with all of the hospitals to comply with the Health Insurance Portability and Accountability Act (HIPAA) and maintaining security of the data. Ms. Dokken mentioned that it would be best to initiate the business agreements as soon as possible because it can take some time to process legal agreements within the hospitals.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Dr. Metzler reminded the members about the discussion at the August RTAB meeting with regard to problems with transferring medical imaging between healthcare facilities. There are concerns about delays in care and additional expenses incurred when radiological studies performed at the sending facility need to be repeated because they were unable to view the original studies at the receiving facility.

The Trauma Medical Audit Committee (TMAC) would like to find a secure mechanism for authorized healthcare providers to gain access to diagnostic studies performed at another facility; ideally through an electronic medium. The Committee would like the RTAB to send a letter to the Nevada Hospital Association asking for their assistance with this matter.

William Wagon reiterated that PACS filmless radiology system allows images and data to be delivered to medical providers through an internet connection and only requires remote connectivity capability and a log in for the receiving facility. Mr. Wagon felt that each facility could solve this problem by signing business agreements with the other facilities giving them access to their PACS system or credentialing healthcare providers as courtesy staff at one's facility. Dr. Metzler suspected there may be a problem with the facility giving access to a person who is not on staff. Also once you have access to PACS, you have the ability to review all of the files in the system. Mr. Wagon noted that hospitals already have security mechanisms that notify them when there has been inappropriate access to medical records. Susan Hilger believes the only way it would be approved would be if it was limited to a specific number of people.

Ms. Britt agreed to facilitate a small working group of individuals from the three trauma centers to discuss this matter further. The hope is that if the problem with medical imaging can be resolved within the three trauma centers, the concept can be used for the other hospitals in Clark County and out of state.

On July 15, 2009, Richard C. Hunt, MD, FACEP, director of CDC's Division of Injury Response, presented a webcast to provide details of the newly revised "Field Triage Decision Scheme: The National Trauma Triage Protocol," developed by CDC in collaboration with the American College of Surgeons-Committee on Trauma and with support from the NHTSA. Dr. Hunt responded to all the questions that weren't answered during the live webcast and Ms. Britt included those responses in the members' packets.

Ms. Britt notified the Board that the the next Southern Nevada Injury Prevention Partnership (SNIPP) meeting will be on Wednesday, January 27, 2010 at 10:00 a.m. in the Clemens room. One of the objectives for SNIPP was to collaborate and coordinate the current resources available and identify any overlaps or gaps. A preliminary list of all prevention activities in Clark County was collected and given to the Board members. Ms. Britt also reported that the Health District is collaborating with other organizations who are submitting three grant applications relating to injury prevention.

Congratulations were offered to Melinda Case who was recognized for her work in emergency medicine at the Safe Communities awards luncheon on September 23, 2009.

Dr. Fildes reported he was contacted by the American Association of Suicidology to help them find primary care physicians to participate in one of their interventions.

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 3:33 p.m.