



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

January 20, 2010 - 2:30 P.M.

MEMBERS PRESENT

Kim Dokken, RN, Chairman, St Rose Siena Hospital	Mary Ellen Britt, Regional Trauma Coordinator
Larry Johnson, EMT-P, MedicWest Ambulance	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
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	Allen Marino, MD, MAB Chairman
Deborah Kreun, ThinkFirst-NV	

SNHD STAFF PRESENT

Rory Chetelat, OEMSTS Manager	John Middaugh, MD, Dir. of Div. of Community Health
John Hammond, OEMSTS Field Rep	Mike Bernstein, SNHD Health Educator
Moana Hanawahine-Yamamoto, Recording Sec.	

PUBLIC ATTENDANCE

Teresa Conley, St. Rose Siena Hospital	Jennifer Breeden, NV Healthcare Policy Group
Timothy Orenic, EMT-P, Las Vegas Fire & Rescue	JoAnna Young, CHHMC
Stephen Johnson, EMT-P, MedicWest Ambulance	

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, January 20, 2010. Chairman Kim Dokken called the meeting to order at 2:32 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.

Susan Hilger asked that the reference as a former lawyer for HCA be removed from the minutes in the third paragraph under informational items.

Approve Amended Minutes/Regional Trauma Advisory Board Meeting: 10/21/09

Chairman Dokken asked for approval of the amended minutes of the October 21, 2009 meeting. A motion was made, seconded and passed unanimously to approve the amended minutes.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Criteria to Determine Need for Additional Trauma Centers in Clark County

Dr. John Middaugh, Director of the Division of Community Health, has assembled a group of experts in trauma to help him better understand the needs of a trauma system. Dr. Middaugh added that these consultants will not make any policy decisions. They are only being used as a source of technical information and to help identify criteria to evaluate the trauma system.

Rory Chetelat explained that the Clark County Trauma System Regulations define that the Southern Nevada District Board of Health shall determine the needs of the Clark County trauma system based on evidence obtained through continuous evaluation of the system assessing the volume, acuity and geographic distribution of patients requiring trauma care; and the location, depth and utilization of trauma resources in the system. The Regional Trauma Advisory Board and the Office of Emergency Medical Services and Trauma System (OEMSTS) will make recommendations to the District Board of Health based on the analysis of the data elements outlined in the regulations.

Mr. Chetelat also clarified that the regulations have two options for hospitals to apply for authorization as a center for the treatment of trauma: if a need is identified, the Board shall publish a request for proposal for the addition of a center for the treatment of trauma or a hospital may submit an application for authorization as a center for the treatment of trauma. William Wagon felt the need to expand or contract as a trauma system should be based on an annual assessment of the system. This suggestion would require a regulation change and since the OEMSTS has received an inquiry regarding the application process, it would be best to hold off on making any changes to the regulations regarding this matter.

Susan Hilger stated the importance of establishing criteria that would predict if the trauma system needs to expand, contract or remain the same. Mary Ellen Britt advised that we have been analyzing the trauma field triage criteria data and the Clark County trauma registry data provided by the trauma centers. We are also beginning to look at transport times to examine access to care issues but without a functioning State Trauma Registry at this time, we do not have access to any data regarding non-trauma centers. Ms. Dokken commented that the RTAB will continue to work on this issue and with the help of the outside consultants, begin to set the criteria to assess the trauma system.

B. Update on Transfer of Radiological Studies Between Healthcare Facilities

Dr. Metzler explained the problem regarding duplicate radiologic studies between healthcare facilities to the Nevada Hospital Association at their monthly meeting. Bill Welch, President of the Nevada Hospital Association (NHA), agreed to send out a survey to all of the hospitals to assess what they have available and their willingness to participate in solving this problem.

Dr. Metzler suggested it would be beneficial to estimate the amount of money being wasted by duplicating radiologic studies and provide this information to the payor groups. He advised that he will figure out how it would be best to collect this information and will forward it to the other trauma centers. Mary Ellen Britt was asked to contact Scott Cassano, the payor representative on the RTAB, to discuss the cost of duplicate imaging and to follow up with Mr. Welch at the NHA.

There is also a small group at Sunrise and UMC who are working on the logistics of giving PACS access to healthcare providers not on staff. The hope is that if the problem with viewing 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.

C. Discussion of Fees for Authorization and Re-Authorization of Trauma Centers in Clark County

Mr. Chetelat explained that in 2005 the State of Nevada authorized the Southern Nevada Health District to establish and adopt a comprehensive trauma system plan concerning the treatment of trauma in Clark County; however, the State did not provide any funding for this mandate. The Health District has dedicated staff to the trauma system development and has previously discussed the possibility of adding a \$3,000 fee for trauma center authorization and reauthorization to the fee schedule. The trauma center authorization and reauthorization period is 3 years.

Ms. Dokken commented that the Health District helped facilitate a reduction in the authorization and reauthorization fees at the State level. Dr. Fildes stated the proposed fees are reasonable and customary; however, it is not a sustainable funding source. Since there is no appetite to generate sustainable funding for the trauma system at the State level, he asked the Health District to research the possibility of generating funding at the County level.

Mr. Chetelat added that the office will continue to keep the Board informed of the progress of the \$3,000 trauma center authorization and reauthorization fees change to the fee schedule.

D. Review of Trauma Transport Data

The Board has continued to see a steady decline in the volume of trauma patients over the past three years. There was 5,608 trauma field triage patients (TFTC) transported by EMS in 2008 and 4,693 TFTC patients in 2009, which is a 16.3% reduction.

The out of area (OOA) percentages for October, November and December 2009 were under 5%. Ms. Britt also thanked the trauma centers for including record or transporting unit numbers for each incident on their TFTC spreadsheet. This additional information has helped to identify unknown locations and made it easier for the EMS agencies to find when providing justification for OOA transports.

E. Report on Southern Nevada Injury Prevention Partnership Meeting

Mike Bernstein reported that the next meeting will be on January 26, 2010 at 9:00 a.m. in HR training room # 2. Dr. Andrew Eisen will be presenting the 2009 Child Deaths in Clark County and Ms. Britt will provide an overview of the Clark County Coroner Injury Mortality data. Mr. Bernstein also advised that the first leadership training for fall prevention will be on February 23-25, 2010 at Greenspun Women's Center West.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Troy Tuke mentioned that the electronic patient care report (ePCR) program should be implemented within the next 4-5 months. It is a java based application and would only require a dedicated computer with internet access at the hospital. Letters are beginning to go out to the different hospital groups regarding computer access requirements for the ePCR program.

Dr. Fildes was at the American College of Surgeons when the earthquake in Haiti occurred and has been a part of ACS's national response team. He explained that the situation is extremely unstable and it has been recommended that people who are untrained should not deploy. There is very little clean water and they are in short supply of antibiotics, surgical instruments and anesthetics. Ms. Britt added that some of the Terrorism Injuries: Information, Dissemination and Exchange partners have sent materials to Haiti regarding wound care and crush injury training.

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 3:53 p.m.