



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)**

**REGIONAL TRAUMA ADVISORY BOARD**

**April 20, 2011 - 2:30 P.M.**

**MEMBERS PRESENT**

Kim Dokken, RN, Chairman, St. Rose Siena Hospital	Mary Ellen Britt, Regional Trauma Coordinator
Kimball Anderson, Southern Hills Hospital	Leslie Johnstone, Health Services Coalition
John Fildes, MD, University Medical Center	Melinda Case, RN, Sunrise Hospital
Gregg Fusto, RN, University Medical Center	Michael Metzler, MD, Sunrise Hospital
Sean Dort, MD, St. Rose Siena Hospital	Wilbert Townsend, SNHD – Epidemiology
Eric Dievendorf, EMT-P, AMR-LV (Alt.)	

**MEMBERS ABSENT**

Larry Johnson, EMT-P, MedicWest Ambulance	Troy Tuke, EMT-P, Clark County Fire Dept.
Melissa Vaher, General Public Representative	Yvonne Smith-Hoch, Rehab Without Walls
David Slattery, MD, MAB Chairman	

**SNHD STAFF PRESENT**

Rory Chetelat, OEMSTS Manager	Moana Hanawahine-Yamamoto, Recording Sec.
Mike Bernstein, SNHD Chronic Disease Prevention and Health Promotion	

**PUBLIC ATTENDANCE**

Teresa Conley, RN, St. Rose Siena Hospital	Brent Wood, Touro University
Deborah Kuhls, MD, University Medical Center	Katherine Claflin, UNLV
Nat Krairujananan	Michelle Dimoff, 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, April 20, 2011. Chairman Kim Dokken 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 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: 1/19/11**

Chairman Dokken asked for approval of the minutes from the January 19, 2011 meeting. A motion was made, seconded and passed unanimously to approve the minutes.

**II. REPORT/DISCUSSION/POSSIBLE ACTION**

A. Discussion of Nominations for Three Non-standing RTAB Member Seats

Mary Ellen Britt advised the Board that the Health District will be accepting nominations for three non-standing RTAB member seats until May 31, 2011. The open positions are representative from the public provider of advanced emergency care, private franchised provider of advanced emergency care, and rehabilitation services. Dr. Lawrence Sands, Chief Health Officer, will make his final appointment for these positions based on the recommendations from the RTAB Member Nominating Committee. The term of appointment for these positions will be from July 1, 2011 to June 30, 2013.

B. Report from Pediatric Trauma Field Triage Criteria (TFTC) Transport Destination Workgroup Meeting

1. Trauma System Status Briefing Paper

Rory Chetelat gave a brief summary of the current issues in the trauma system:

- Declining volume of pediatric trauma patients
- Does the Health District have the ability to contract the trauma system based on declining volumes?
- What are the potential benefits and consequences of transporting all pediatric trauma patients to the Pediatric Level II trauma center?
- Request for change to the EMS Trauma Field Triage Criteria Protocol

Mr. Chetelat reported that Dr. Lawrence Sands, Chief Health Officer, asked the Office of Emergency Medical Services and Trauma System (OEMSTS) to prepare a trauma system status briefing paper outlining the historical background relating to the development of the trauma system along with the data available to address the aforementioned issues. The State of Nevada Health Division and Health District legal counsel agreed that the trauma regulations do not allow an application for authorization or designation as a trauma center to be denied based solely on changes in volume in the trauma system. Dr. Fildes remarked that the Nevada Revised Statutes are clear that the lead government agency providing oversight of the trauma system has an obligation to monitor and manage the system. This may mean the dissolution of one trauma center to support the viability of another.

The OEMSTS does not feel they should make significant changes to the trauma system in Clark County without having sufficient data to make an evidence-based decision. There is concern regarding the reliability of some of the available data sources, including the fact that the State of Nevada does not have a functioning trauma registry. Therefore, the Health District has decided to contract with the American College of Surgeons (ACS) to provide a comprehensive review of the trauma system in Clark County based on specific focused questions. Mr. Chetelat also noted that the Health District asked the Pediatric TFTC Transport Destination Workgroup to wait until the final report from the ACS review is received before making any changes.

The Centers for Disease Control and Prevention is in the process of rewriting the guidelines for field triage of injured patients. The hope is for the new version to be available in early 2012. The ACS-Committee on Trauma's (COT) *Resources for Optimal Care of the Injured Patient* is also being reviewed at this time.

The ACS consultation visit has been tentatively scheduled for July 18-21, 2011. The ACS review team will consist of individuals from various disciplines and there will be a number of fact-finding sessions involving stakeholder participation. The OEMSTS is currently working on the pre-review questionnaire (PRQ) for ACS. Ms. Dokken stated the importance of the PRQ and how it sets the tone for the review. The PRQ will be sent out electronically to the trauma centers for their input. The final PRQ must to be submitted to the ACS within 30 days of their visit.

C. Discussion of Adding Resources to the Southern Nevada Trauma Catchment Area Map

Dr. Fildes asked that additional details be added to the Southern Nevada Trauma Catchment Areas map. Ms. Britt explained the catchment map was created as a reference for EMS personnel. The designation levels for each of the trauma centers were added to the map. Another map could also be created to include the hospital resources in Clark County as a whole.

Dr. Fildes would like to see a comparison of the three trauma centers published, including the size of the trauma programs and their resources (i.e. capacity with regard to resuscitation beds and operating rooms). He would also like the designation levels and verifying body information for the adult and pediatric trauma centers included as well. Dr. Fildes is aware that this information can be found on the internet but feels it would be beneficial to have all of the information in one place for referring facilities and EMS posted on the SNHD website. A draft of this information will be brought back to the Board for review.

D. Review of Information Regarding the Clark County Trauma System on the Health District's Website

This discussion was included in the previous agenda item.

E. Review of Trauma Transport Data

The out of area (OOA) EMS transports percentage for January was 5.3% and for February was 4.4%. Ms. Britt noted the computer aided dispatch notes now include the catchment information for all trauma calls. This information should help reduce knowledge deficiencies and provide clear direction for EMS as to where trauma patients should be transported.

EMS agencies are required to provide justification for the OOA transport if the system's total OOA transports are over the 5% threshold. Eric Dievendorf explained that each of their crews is questioned about the reason for the OOA transport and then, this information is reported back to the OEMSTS. Mr. Chetelat added that the Health District is now tracking the individuals deviating from the protocol and has established a progressive disciplinary plan. Ms. Britt will also report the OOA information to the EMS QI Directors' Committee.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

Report on Southern Nevada Injury Prevention Partnership (SNIPP) Meeting

Wilbert Townsend advised the last meeting was held on April 7, 2011. Mr. Townsend presented a review of the violent deaths and death rate occurrences in Clark County. There were six more violent deaths per 100,000 than the national average (Clark County rate 26; National average rate 19.5). Males generally had a higher rate than females and the lowest violent death rates occurred among Hispanic females.

Dr. Darlene Haff from the University of Nevada Las Vegas gave a presentation on pediatric submersions from 1994-2009 (fatal and non-fatal). 3,443 fatal, unintentional pediatric submersions occur annually in the United States (10 per day). Fatal submersions are the leading cause for injury-related deaths in children less than five years old. Their rate is about three times higher than any other age group and accounts for approximately 80% of residential drownings. 71% of the children who drowned were under supervision and 38% of these cases did not have a barrier around the pool. The cost for these fatal drownings was approximately 6.2 billion annually with 61% of the cost for children less than 5 years old. The next SNIPP meeting is scheduled for July 14, 2011.

**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 3:10 p.m.