



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

July 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
Abby Hudema, RN, University Medical Center (Alt)	Michael Metzler, MD, Sunrise Hospital
Sean Dort, MD, St. Rose Siena Hospital	Wilbert Townsend, SNHD – Epidemiology
Eric Dievendorf, EMT-P, AMR-LV	Scott Vivier, EMT-P, Henderson Fire Dept. (HFD)
David Slattery, MD, MAB Chairman	Melissa Vaher, General Public Representative
Linn Billingsley, Rehabilitation Services Representative	

MEMBERS ABSENT

Gregg Fusto, RN, University Medical Center

SNHD STAFF PRESENT

Rory Chetelat, OEMSTS Manager	John Hammond, Recording Sec.
Mike Bernstein, SNHD Chronic Disease Prevention and Health Promotion	

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MedicWest Ambulance	Amy Bochenek, 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, July 20, 2011. 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: 4/20/11

Chairman Dokken asked for approval of the minutes from the April 20, 2011 meeting. A motion was made, seconded and passed unanimously to approve the minutes.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Recognition of Service Awards

Mary Ellen Britt announced there were three members leaving the Board from the previous term. She expressed the Board's appreciation for their time and participation in the ongoing management

of the Clark County trauma system. Ms. Britt presented Larry Johnson with a recognition award and thanked him for his service.

Chief Troy Tuke and Yvonne Smith-Hock were unable to attend but their recognition awards will be given to them.

B. Welcome and Introduction of New Members

Wilbert Townsend, SNHD Epidemiology, health education & injury prevention services rep.
Melissa Vaheer, general public representative
Scott Vivier, HFD, public provider of advanced emergency care (*new member*)
Leslie Johnstone, Health Services Coalition, payers of medical benefits for victims of trauma rep.
Abby Hudema (Gregg Fusto's alternate), UMC Trauma Services
Dr. John Fildes, Trauma Medical Director, UMC
Dr. David Slattery, Chairman, Medical Advisory Board
Kim Dokken, Trauma Program Manager, St. Rose Siena
Eric Dievendorf, AMR-LV, private franchised provider of advanced emergency care (*new member*)
Dr. Michael Metzler, Trauma Medical Director, Sunrise
Melinda Case, Trauma Program Manager, Sunrise
Dr. Sean Dort, Trauma Medical Director, St. Rose Siena
Kimball Anderson, Southern Hills Hospital, administrator from a non-trauma hospital rep.
Linn Billingsley, rehabilitation services representative (*new member*)
Mary Ellen Britt, SNHD Regional Trauma Coordinator
Kate Osti, alternate general public representative
Dr. Karyn Doddy, alternate rehabilitation services representative

Gregg Fusto, UMC Trauma Program Manager was not present. Ms. Britt welcomed the new members and expressed appreciation for their willingness to serve on the Board.

C. Election of Chairman and Vice Chairman

Dr. Fildes commented it is common practice in Board memberships for the vice chairman from the previous term to be elected as chairman in the next term and Mr. Fusto was the vice chairman in the previous term.

A motion was made to elect Mr. Fusto as the chairman. The motion was seconded and passed unanimously.

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

D. Discussion of EMS and Trauma System Quality Assurance Process

The EMS Quality Improvement (QI) Directors Committee ensures quality patient care within the EMS system while the Trauma Medical Audit Committee ensures quality patient care within the trauma system. Both committees review, monitor and evaluate system performance but also function as peer review committees. There has been some concern that the efforts by these committees may be fragmented and a request has been made to coordinate or integrate the interface between EMS and the trauma system QI committees.

Dr. Metzler inquired about the possibility of tracking all incidents involving patient care that are reported to EMS agencies. Currently, the Health District encourages direct communication between the person requesting a review of an incident and the EMS agency. QI incidents are only tracked by the Health District if one of the parties is dissatisfied with the outcome from that communication and a request is made to the Office of Emergency Medical Services and Trauma System to open an investigation, or if an incident rises to a level of significance that it is reported directly initially.

Rory Chetelat mentioned this matter may need to be discussed with the EMS QI Directors about the possibility of logging these incidents at each agency and then, tracking them somehow. Dr. Slattery asked if the trauma centers would be able to track their incidents and report. Mr. Chetelat volunteered to work with IT on the ability of reporting all of these incidents electronically.

Ms. Britt thought there may be value in having a trauma representative on the EMS QI Director's Committee and an EMS representative on TMAC to provide a direct link between EMS and trauma and allow an on-going exchange of information.

Dr. Fildes made a motion to add an EMS agency medical director/quality improvement coordinator representative to the TMAC. The motion was seconded and passed unanimously.

E. Discussion of Criteria for Rehabilitation Hospital Specialty Centers

Rehabilitation has not been adequately addressed as part of the trauma system so it is important to begin identifying the rehabilitation resources in Clark County. Ms. Dokken mentioned that during the American College of Surgeons' (ACS) consultation visit, there was also discussion about the difference between being accredited with the Commission on Accreditation of Rehabilitation Facilities (CARF) versus the Joint Commission. Ms. Billingsley advised she and Dr. Doddy would investigate the resources and specialties available and obtain information about the different organizations accrediting rehabilitation centers. Dr. Doddy expressed the value of examining specialty offerings as opposed to a locked unit and Ms. Britt added the importance of knowing which rehabilitation centers accept ventilator patients. The findings for all of these questions will be reported back to the Board at the next meeting.

F. Discussion of Publishing Comparison of Clark County Trauma Center Characteristics

Dr. Fildes had asked to have a comparison of the three trauma centers on the Health District's website, including the size of the trauma programs and their resources. A hospital comparison was created for the Pre-Review Questionnaire for the ACS but Dr. Fildes felt it would be best to revise the format so that it will be easier for the public to understand. Mr. Chetelat stated it might be more prudent to have a referral link on the website to each of the three trauma centers instead. This would allow the trauma centers to update their information as needed.

Ms. Britt explained there had been some discussion about public education of the trauma system during the ACS visit. Currently, there is a description of the trauma system and its components on the Health District's website and Ms. Britt noted this information may need to be expanded in addition to locating other mechanisms to provide information about the trauma system into the community. Dr. Fildes volunteered to work on the format of the trauma assets. Ms. Dokken asked to have a sample of the revised format at the next meeting. Ms. Case stated it might be best for the three trauma centers to have a phone conference to discuss this matter further.

G. Review of Trauma Transport Data

The out of area (OOA) EMS transports percentage for March was 2.8% and April was 3.6%. Dr. Slattery reported the fire alarm office has added the catchment information to all calls in the computer aided dispatch (CAD) notes. This information has been included in the CAD notes since April 2011 and should help reduce knowledge deficiencies and provide clear direction for EMS as to where trauma patients should be transported. Chief Vivier advised the catchment information is not being relayed through Henderson dispatch but will investigate the possibility.

Ms. Britt would like to assess the pre and post implementation of this information to see if it has helped reduce the number of out of area transports.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Wilbert Townsend advised SNIPP did not have a meeting in July. Mr. Townsend mentioned Mike Bernstein had a radio presentation and that the “Healthy People Nevada - Moving from 2010 to 2020” report was recently released. The report utilizes objectives, focus areas and targets from the national Healthy People framework to provide a statewide assessment of the health status of Nevada. It also identifies major challenges statewide and on a local level and an overview of best practices for addressing those challenges. Mr. Townsend presented the members with a preview of the injury and violence prevention section in the report. The top five causes of injury-related deaths in Clark County were firearms, prescription drugs, motor vehicle accidents, falls and drug-related (illicit drugs). In regard to the manner of injury-related deaths, accident was number one, suicide was second and homicide was third. Ms. Dokken noted the importance of the report and the ability to drill down on this data so the Board can help direct SNIPP and drive focused prevention activities. The next SNIPP meeting will be on October 13, 2011.

Ms. Britt thanked everyone for their participation in the ACS visit in the last two days.

Ms. Dokken also asked to have the discussion of changing the frequency of the RTAB meetings on the agenda for the next meeting.

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 3:15 p.m.