MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

JANUARY 18, 2012 - 2:30 P.M.

MEMBERS PRESENT

Gregg Fusto, RN, Chairman, University Medical Ctr
John Fildes, MD, University Medical Center
Kim Dokken, RN, St. Rose Siena Hospital
Sean Dort, MD, St. Rose Siena Hospital
Eric Dievendorf, EMT-P, AMR-LV
David Slattery, MD, MAB Chairman
Kimball Anderson, Southern Hills Hospital
Mary Ellen Britt, Regional Trauma Coordinator
Melinda Case, RN, Sunrise Hospital
Michael Metzler, MD, Sunrise Hospital
Mike Bernstein, SNHD – OCDPHP (Alt.)
Scott Vivier, EMT-P, Henderson Fire Dept.
Linn Billingsley, Rehabilitation Services Representative
Leslie Johnstone, Health Services Coalition

MEMBERS ABSENT

Wilbert Townsend, SNHD – Epidemiology
Melissa Vaher, General Public Representative

SNHD STAFF PRESENT

Rory Chetelat, OEMSTS Manager
John Hammond, OEMSTS Field Representative
Moana Hanawahine-Yamamoto, Recording Secretary
John Middaugh, MD, Dir. of Div. of Community Health
Patricia Beckwith, OEMSTS Field Representative
Tom Coleman, MD, SNHD Epidemiology

PUBLIC ATTENDANCE

Jay Coates, DO, University Medical Center
Abby Hudema, RN, University Medical Center
Stephen Johnson, EMT-P, MedicWest Ambulance
Neal Tomlinson, Sunrise Hospital
Christopher Mowan, COO, Sunrise Hospital
Jennifer Koenig, HealthSouth
Gail Yedinak, RN, University Medical Center
Elizabeth Snavely, University Medical Center
Karyn Rae Doddy, MD, PM&R
Steve Gardner, University Medical Center
Jennifer Renner, RN, HCA
Tracy Jackson, HealthSouth
Brendan Bussmann, University Medical Center

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, January 18, 2012. Chairman Gregg Fusto 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 Fusto noted that a quorum was present.

I. PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

II. CONSENT AGENDA

Chairman Fusto 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: 11/16/11

Chairman Fusto asked for approval of the minutes from the November 16, 2011 meeting. A motion was made, seconded and passed unanimously to approve the minutes.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. SNHD Data Analysis Strategic Plan

Dr. John Middaugh updated the Board on the Health District's progress of strengthening the infrastructure for data analysis. He reported an analysis of hospital discharge data was conducted using an algorithm that assigns an injury severity score to cases based on an International Classification of Diseases (ICD) code. These data were compared to the National Trauma Data Bank (NTDB) and individual Clark County trauma center data and limitations were identified that made it difficult to provide accurate information. He acknowledged there is a pressing need to analyze the available data related to major policy decisions, but SNHD does not currently have the capacity to generate all the necessary reports. The SNHD data plan includes five special data strategic analysis committees which will delve into the population data, the review of death certificates and birth certificates, hospital discharge data and the study of healthy environments. Dr. Middaugh explained this process will take some time but the hope is to review the first cut of data within 6-8 months. He advised the RTAB that SNHD will be seeking input from the Board with regard to setting data analysis priorities and data interpretation.

B. Report of Rehabilitation Resources in Clark County

Linn Billingsley and Dr. Karyn Doddy were tasked with providing information about the rehabilitation services available in Southern Nevada. Ms. Billingsley noted that the spreadsheet that was created is a working document. When additional facilities are identified they will be added to the spreadsheet. The information collected included the facility's contact information, parent company, the number of beds specifically identified as rehabilitation beds, licensure, CMS certification (Medicare/Medicaid certification), accreditation and specialty programs. Ms. Billingsley also mentioned that there are three main criteria that determine a patient's placement in a rehabilitation facility. It is dependent on the needs of the patient, the patient's payer source and the location of the facility.

Dr. Doddy explained the difference between the Commission on the Accreditation of Rehabilitation Facilities (CARF) and the Joint Committee for Accreditation of Healthcare Organizations (JCAHO). JCAHO was founded to establish a level of care for all hospitals while CARF specifically addresses the needs of rehabilitation facilities. Dr. Doddy stated that accreditation increases the patient's chances of availability of needed resources, better coordinated care, better outcomes and successful reintegration into the community. All of the long term acute care facilities and inpatient rehabilitation facilities on the spreadsheet have JCAHO accreditation but the Rehabilitation Unit at Sunrise Hospital and Nevada Community Enrichment Program are the only two facilities that are CARF accredited. Dr. Doddy strongly encouraged the other rehabilitation facilities to obtain CARF accreditation.

C. Review and Approval of Regional Trauma Advisory Board (RTAB) Bylaws

Mary Ellen Britt explained a representative from the Nevada Commission on Ethics gave a presentation to the Board of Health in November 2011. The Commission's mission is "to enhance the public's faith and confidence in government by ensuring that public officers and public

employees uphold the public trust by committing themselves to avoid conflicts between their private interests and their public duties." After listening to the presentation, the Office of Emergency Medical Services and Trauma System (OEMSTS) felt it was prudent to formalize the committee processes by creating bylaws for each committee/subcommittee. The Board of Health bylaws were used as a template but most of the information in the draft RTAB bylaws was extracted from the Clark County Trauma System Regulations.

Dr. Michael Metzler made a motion to request more time for the Board members to review the draft bylaws for the RTAB. This motion was seconded and passed unanimously.

All recommended revisions should be forwarded to OEMSTS so the final draft can be presented to the Board at the next meeting for final review and approval.

D. Discussion of Board's Aggregate Prioritizing of American College of Surgeons' (ACS) Recommendations for the Clark County Trauma System

The Health District compiled the prioritization of ACS' recommendations submitted by the Board members and included a tally of how many members selected short-term priority, mid-term priority, long-term priority or if it was left blank. The green paper included all of the recommendations that the majority of the Board members felt should be accomplished within 12 months (short-term goal). The salmon paper included all of the recommendations that the majority of the Board members felt should be accomplished within 13-36 months (mid-term goal) and the white paper included all of the recommendations that the majority of the Board members felt it would take 37+ months to accomplish.

Rory Chetelat mentioned the top three priorities the Health District feels need to be addressed immediately. The first priority is to look at the membership on the RTAB and look into the creation of subcommittees. The second priority is data analysis. It will take at least 6+ months before data analysis can occur but discussions can begin about the kinds of questions the Board wants answered. The third priority is to review the trauma field triage criteria (TFTC) protocol and the new MMWR "Guidelines for Field Triage of Injured Patients" article dated January 13, 2012. Dr. Slattery reminded the Board that all recommended changes to any EMS protocol should be forwarded to the Medical Advisory Board for their final approval no later than May. Ms. Britt advised that a copy of the MMWR article will be emailed to all of the Board members so that they can begin to read through the document.

The following is a verbatim transcription of a statement from Sunrise Trauma:

Dr. Metzler: We would like to make a statement for the record regarding our view of the proposed questions raised by the last ACS system review. First of all, regarding prioritization of the questions in general, we have, like others, turned in a list of our priorities and would be happy to further discuss these as you have ranked these around. Regarding the focus questions submitted in that same bundle, we would like to make the following points: first of all at the present time Sunrise provides excellent pediatric trauma care. We are not supportive of permanently redistributing care of Step 1 and 2 patients and having said this, we would consider intermittent, temporary change in our catchment area to enable UMC to acquire minimum numbers of pediatric patients to maintain their Level II pediatric trauma center status. However, we feel that a permanent redistribution would quickly impair our ability to care for severely injured children and rapidly undermine the present system that provides excellent, timely and multiple source care. Secondly, we also believe the present catchment area should be redrawn to extend our western boundary to Las Vegas Blvd leaving our northern boundary at Sahara Ave. The borders of our present area were supposed to have been temporary but that temporary has been for the last 8 years. We again provide excellent care for injured adults and feel that redrawing of our catchment area boundaries would allow injured patients to get to the closest trauma center as quickly as possible, improve patient care and decrease EMS transfer times. Now the biggest reason we are making these statements now is we feel that it

is necessary to clearly state these goals so that any position we take regarding prioritization of the multiple ACS recommendations is not misinterpreted.

Dr. John Fildes made a motion to support the Health District's prioritization plan. The motion was seconded and passed unanimously. Dr. Metzler was in favor of the motion but he added, "with our statement limitations."

E. Discussion of Potential Expansion of RTAB Membership

ACS suggested integrating additional stakeholders into the RTAB. Examples included individuals from disaster preparedness, the media and elected officials or other affiliated government agencies. Ms. Britt stated additional members could be added to the RTAB and/or the membership could be expanded through the use of subcommittees. Dr. Metzler suggested having voting and non-voting seats on the RTAB. This would allow for additional expertise on the Board without the problem of expanding the Board to a point where quorum requirements are not met.

Ms. Britt also explained that changes to the RTAB membership would require a regulation change. This process will take approximately 60-90 days because a public workshop must be held to discuss the change and it has to be noticed in the newspaper at least 30 days before the memorandum for regulation change can go before the Board of Health for their approval.

Melinda Case made a motion to have an ad hoc meeting to discuss the configuration of the RTAB and the possibility of expanding its membership. The motion was seconded and passed unanimously.

Mr. Chetelat advised the office will set a date for the workgroup. A conference call line will be secured to give people the option of calling in. The suggestions from the ad hoc meeting will be presented to the RTAB for their final approval at the next meeting.

F. Discussion of Developing RTAB Subcommittees/Workgroups/Task forces

There was also discussion of expanding the membership and involving additional individuals from the community through the use of subcommittees. Currently, there are six committees: the Regional Trauma Advisory Board, the Trauma Medical Audit Committee, the Trauma Screening Committee (or Pre-TMAC), the Trauma Registry Users Group, Ad-Hoc Committees as needed and the Southern Nevada Injury Prevention Partnership. Recommendations for additional subcommittees include a Trauma Procedure/Protocol Review Committee (TPPRC), a Trauma Rehabilitation Committee and a Trauma Research Committee. ACS also suggested the creation of an advocacy group.

Dr. Slattery mentioned his concern about the possibility of duplicating efforts in regard to the creation of the TPPRC. On the EMS side, the Drug/Device/Protocol subcommittee reports to the Medical Advisory Board (MAB) for their final approval of all EMS protocols. Dr. Metzler believes the expertise for trauma should lie within the trauma community. Mr. Chetelat explained the TPPRC would manage trauma procedures in addition to reviewing all trauma protocols so he felt it was important to have this type of committee on the trauma side as well. He added that the MAB members would be invited to participate in these meetings. Dr. Slattery also stated the importance of having the medical direction and operations perspective when reviewing EMS field protocols.

The group felt it would be best to continue this discussion during the ad hoc meeting.

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

Mr. Fusto asked to table this agenda item until the next meeting. He would like to reformat the information. Dr. Metzler also noted that some of the information listed on the spreadsheet is inaccurate. Mr. Fusto advised he would forward the document to the other two trauma centers for their input.

H. Review of Trauma Transport Data

The out of area (OOA) EMS transports percentage for October was 4.7% and 4.8% in November. Ms. Britt added that there is a chart for each of the trauma centers that show the trend line of the volume of trauma field triage criteria (TFTC) transports by month for the period November 2010-November 2011.

I. Discussion of Next Meeting Date

Mr. Fusto commented on the amount of work that needs to be accomplished by the Board; therefore, there is discussion if the frequency of the RTAB meetings should be changed from quarterly meetings. An ad hoc committee will be meeting to discuss the structure of the RTAB membership and the creation of subcommittees. Ms. Britt encouraged the creation of subcommittees as a priority to provide a forum for the discussion of specific issues, such as the new recommendations regarding trauma field triage guidelines. Mr. Chetelat felt it would be best to meet in February to decide on membership and subcommittees so tasks can be assigned.

Dr. Metzler made a motion to have a RTAB meeting on February 15, 2012 at 2:30 p.m. in the Clemens room. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The Southern Nevada Injury Prevention Partnership (SNIPP) meeting focused on the Prevention and Outreach recommendations from the American College of Surgeons. One of the recommendations was to establish a website for SNIPP that includes information regarding ongoing prevention programs. SNIPP currently has a webpage on the gethealthyclarkcounty.org website. Communication will be sent out to all of the injury prevention programs to provide a summary of their programs and the links to their websites so they can be added to the SNIPP webpage.

One of the other ACS recommendations was to consider an injury prevention program assessment by the Safe States Alliance. This recommendation was considered a long-term goal because it required funding; however, Mike Bernstein received a request for an application (RFA) from the National Association of County and City Health Officials (NACCHO) and Safe States Alliance to do a pilot self assessment. The application is due on January 27 and two letters of recommendation must be included. The RTAB agreed to write one of the letters of recommendation. Mr. Bernstein will know by February 10, 2012 if his application was approved.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Chairman Fusto called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:45 p.m.