



**MINUTES**

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

**REGIONAL TRAUMA ADVISORY BOARD**

**FEBRUARY 15, 2012 - 2:30 P.M.**

**MEMBERS PRESENT**

Gregg Fusto, RN, Chairman, University Medical Ctr	Mary Ellen Britt, RN, Regional Trauma Coordinator
John Fildes, MD, University Medical Center	Melinda Case, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena Hospital	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.
Melissa Vaheer, General Public Representative	Andrea Davis, Southern Hills Hospital (Alt)
Leslie Johnstone, Health Services Coalition	Karyn Dobby, MD, Rehabilitation Services Rep. (Alt)

**MEMBERS ABSENT**

Linn Billingsley, Rehabilitation Services Rep.	David Slattery, MD, MAB Chairman
Kimball Anderson, Southern Hills Hospital	

**SNHD STAFF PRESENT**

Rory Chetelat, OEMSTS Manager	Mike Bernstein, SNHD – ODCPHP
John Hammond, OEMSTS Field Representative	Kelly Buchanan, MD, EMS Fellow
Moana Hanawahine-Yamamoto, Recording Secretary	

**PUBLIC ATTENDANCE**

Jennifer Renner, RN, Sunrise Hospital	Elizabeth Snavelly, University Medical Center
Brendan Bussman, University Medical Center	Neal Tomlinson, Sunrise Hospital
Soila Mckay, UNLVPD	Gail Yedinak, RN, University Medical Center
Josh Luke, HealthSouth	Owen Sherwood, University Medical Center
Melody Talbott, RN, 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, February 15, 2012. Chairman Gregg Fusto called the meeting to order at 2:30 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: 1/18/12

Chairman Fusto asked for approval of the minutes from the January 18, 2012 meeting. A motion was made, seconded and passed unanimously to approve the minutes.

## III. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Discussion of Membership on Regional Trauma Advisory Board (RTAB)

Rory Chetelat reported that the RTAB/Subcommittee membership workgroup met on January 31. Based on the recommendations of the American College of Surgeons (ACS) trauma system consultation team, the workgroup discussed the membership composition of the RTAB and suggested the addition of a representative with a background in legislative issues/advocacy, a representative with knowledge of system financing/funding, and a representative involved in public relations/media. Revisions to the RTAB membership would require a regulation change and could take up to 120 days to implement. The workgroup also discussed the possibility of involving these individuals in subcommittees created to accomplish the goals set from the ACS recommendations. The ACS mentioned enlisting the individuals listed above to assist in the advocacy for the trauma system.

Dr. Michael Metzler felt it would be difficult to engage these individuals without an official membership on the Board and encouraged the expansion of the RTAB membership while continuing with the Board's normal business. Mr. Fusto and Leslie Johnstone thought it would be best to involve these individuals at the subcommittee level. There was also some concern about achieving quorum if the membership on the Board became too large.

Dr. Metzler made a motion to expand the RTAB membership with the three representatives suggested by the workgroup. The motion was seconded and passed. Mr. Fusto voted against the motion.

Mary Ellen Britt stated a draft of the regulation change to add these three new positions will be brought back to the Board at the next meeting. Ms. Britt also asked the Board members to invite any individuals interested in these positions to participate at the subcommittee level until the Health District begins seeking nominations.

### B. Review and Approval of RTAB Bylaws

Ms. Britt explained the draft RTAB bylaws were emailed to the Board members after the last meeting for further review. The RTAB/Subcommittee membership workgroup also suggested a change to Article VI, Section 1: Regular Meetings. "Regular meetings will be scheduled to occur on the third Wednesday of the month on at least a quarter basis beginning in January or as frequently as determined by the RTAB." Kim Dokken also clarified that the addition of the three new seats from the previous agenda item would be added to Article IV, Section 1: RTAB membership.

Scott Vivier made a motion to accept the RTAB bylaws with the revision to the RTAB membership section. The motion was seconded and passed unanimously.

### C. Discussion of Developing RTAB Subcommittees/Workgroups/Taskforces

1. Trauma Procedure/Protocol Review Committee
2. Trauma Rehabilitation Committee

3. Trauma Research Committee

4. Trauma Advocacy Committee

ACS urged the addition of stakeholders by involving them at the subcommittee level. Recommended subcommittees included the trauma procedure/protocol review committee, trauma rehabilitation committee, trauma advocacy committee, and trauma research committee.

The trauma procedure/protocol review committee would assist the Southern Nevada Health District's Office of Emergency Medical Services and Trauma System (OEMSTS), the Regional Trauma Advisory Board and the Trauma Medical Audit Committee in reviewing, researching, editing and/or developing new and existing procedures and/or protocols. The Board agreed that this committee needs to be formed immediately. Ms. Britt mentioned that all individuals interested in serving on this committee should provide their information to the OEMSTS by February 29. The hope is to hold the first trauma procedure/protocol review committee meeting during the week of March 12.

The trauma rehabilitation committee would collect and review trauma rehabilitation data and documentation to conduct outcomes assessment and performance improvement activities. Linn Billingsley and Dr. Karyn Doddy have already begun assembling a list of rehabilitation services/resources available in Southern Nevada and OEMSTS has already been contacted by individuals willing to serve on this subcommittee. Official communication from OEMSTS regarding membership on this committee will go out in the second quarter.

The trauma advocacy committee would promote trauma system development by advocating for sustainable financial, legislative and public support for the trauma system serving the residents and visitors of Southern Nevada. The Board realized it may a little more difficult to find individuals willing to serve on this committee; therefore, Ms. Dokken noted the importance of starting this committee sooner than later to prepare for the next legislative session. Mr. Chetelat asked the Board to help identify individuals who would be willing to serve on this committee.

The trauma research committee would identify research priorities, develop policies and procedures to facilitate trauma data-sharing, identify potential funding sources and create opportunities for research collaboration. Research is very important but there are a number of tasks in the other subcommittees that are more time sensitive; therefore, this committee will be rolled out last.

Dr. John Fildes made a motion to adopt all four recommended subcommittees and roll them out according to the timeline discussed in the meeting. The motion was seconded and passed unanimously.

Ms. Britt also referred the Board to a template of sample bylaws for subcommittees. The Board agreed it would be best to have the members on the various subcommittees approve their own bylaws.

D. Recommend Referral of Trauma Field Triage Criteria (TFTC) Protocol to Trauma Procedure/Protocol Review Committee

Mr. Chetelat explained that once a subcommittee is formed; all related tasks are referred to that subcommittee by the RTAB.

Dr. Fildes made a motion to refer the TFTC protocol to the Trauma Procedure/Protocol Review Committee. The motion was seconded and passed unanimously.

Mr. Fusto reminded the members to forward the names of interested individuals to the OEMSTS by February 29. Mr. Chetelat also invited the members to identify types of individuals who should be represented on the committee as well. An email with possible meeting dates will be sent out to everyone interested.

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

Based on previous discussions, the OEMSTS expanded the Emergency Medical Services and Trauma System webpage to include a separate page specifically for trauma. The Clark County Trauma System and its components are clearly described and the opportunity to add links to each of the designated trauma center's webpage was made available. The trauma centers were pleased with the updated webpage and agreed it contained the detail that was requested.

F. Review of Trauma Transport Data

The out of area (OOA) EMS transports percentage for December was 5.6%. The Board agreed to hold off on the drill down report of the OOAs until it occurs two months in a row. 5,464 trauma patients were transported by EMS in 2011 and the overall OOA percentage for 2011 was 3.9%

Ms. Britt added that there was 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 2011.

G. Committee Report: Southern Nevada Injury Prevention Partnership (SNIPP) Meeting

Mike Bernstein forwarded a survey to the SNIPP members with the ACS recommendations under Injury Epidemiology and Prevention and Outreach sections of the ACS report. The group discussed developing the SNIPP webpage. Currently, the web address is <http://www.gethealthyclarkcounty.org/be-safe/snipp.php>. The hope is to make the webpage easier to locate and make it more accessible by including a link to the SNIPP webpage on other websites. Part of SNIPP's purpose is to promote collaboration and coordination of resources within established injury prevention programs. Mr. Bernstein has asked these organizations to provide a contact person and link to their website so an aggregate list can be compiled and added to the SNIPP webpage.

Mr. Bernstein thanked the Board for their letter of recommendation for SNIPP's application (RFA) to the National Association of County and City Health Officials (NACCHO) and Safe States Alliance for a pilot self assessment. Unfortunately, out of the 19 applications, SNIPP was not selected; therefore, the hope to complete this type of assessment needs to be put on hold until a funding source can be identified.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

A. Report from Emergency Medical Services Representative

Eric Dievendorf reported that his agency's electronic patient care report (PCR) program alerts him of all transports to a trauma center. He reviews the PCR to verify the appropriateness of the transport based on the TFTC protocol. If he determines it was an OOA transport, a protocol deviation form is completed and submitted to the OEMSTS. Ms. Britt added that Clark County Fire Department also has this same capability and has been submitting explanations for all OOA transports.

B. Report from General Public Representative

None

C. Report from Non-Trauma Center Hospital Representative

None

D. Report from Payers of Medical Benefits Representative

Ms. Johnstone advised that she is a board member on the Silver State Health Insurance Exchange. This group was created under the Affordable Care Act to provide a structured marketplace for

commercial health insurance for individuals and small employers with up to 50 employees. Ms. Johnstone noted there may an opportunity for the RTAB's input regarding services that may be missing in the marketplace. She will notify the RTAB members when the essential benefit discussion will take place to seek any input at that point.

E. Report from Rehabilitation Representative

None

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 3:17 p.m.