



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

EMS/TRAUMA PERFORMANCE IMPROVEMENT COMMITTEE

June 17, 2009 – 2:00 P.M.

MEMBERS PRESENT

Allen Marino, MD, Chairman	Sean Dort, MD, St. Rose Siena Hospital
Mary Ellen Britt, RN, Regional Trauma Coordinator	Kim Dokken, RN, St. Rose Siena Hospital
Melinda Hursh, RN, Sunrise Hospital	John Fildes, MD, University Medical Center
Larry Johnson, EMT-P, MedicWest	Dan Petcavage, RN, University Medical Center (Alt.)
Michael Metzler, M.D., Sunrise Hospital	Brian Rogers, EMT-P, Henderson Fire Dept
Don Hales, EMT-P, MedicWest	Julie Siemers, RN, Mercy Air Service, Inc.

MEMBERS ABSENT

Gregg Fusto, RN, University Medical Center

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager	Moana Hanawahine-Yamamoto, Recording Sec.
Joseph J. Heck, D.O., Operational Medical Director	

CALL TO ORDER – NOTICE OF POSTING

The EMS/Trauma Performance Improvement Committee convened in Human Resources Training Room #2 of the Ravenholt Public Health Center on Wednesday, June 17, 2009. Chairman Allen Marino called the meeting to order at 2:02 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Marino noted that a quorum was present.

I. CONSENT AGENDA

Chairman Marino stated the Consent Agenda consisted of matters to be considered by the EMS/Trauma Performance Improvement Committee 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/EMS/Trauma Performance Improvement Committee Meeting: 3/18/09

Chairman Marino asked for approval of the minutes of the March 18, 2009 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Data Collection Process

Dr. Marino advised that the Medical Advisory Board (MAB) recommended that the committee review all trauma cases with on scene times greater than 20 minutes, needle thoracostomy cases, and trauma-related protocol deviations.

EMS has reported that they do not have the capability to collect on scene times. The FirstWatch program cannot be used on the front end to identify trauma calls by destination or patient condition due to the inability to refine the automated triggers. Don Hales suggested that EMS could report all code 3 returns to the trauma centers with scene times greater than 20 minutes. This list would not be all inclusive but it should provide most of the data. Kim Dokken also mentioned that trauma centers are able to run a report on the number of times EMS has been on scene greater than 20 minutes because this information is required on the trauma registry.

Melinda Case also explained that Sunrise is still having a problem with missing or incomplete EMS patient care reports (PCR). Ms. Dokken added that she is noticing a similar trend at St. Rose Siena and feels that it may be due to the paramedic's ability to sign over the transfer of care without a nurse's signature. Brian Rogers noted that most of the time EMS needs to complete the PCR after the verbal report is given. By this point, the nurse may be with the patient getting tests done so EMS leaves the report by the bed assuming it will be collected when the nurse returns.

There was a recommendation to create a centralized location at each trauma center to collect completed EMS PCRs following transfer of care. Beginning tomorrow, June 18, all three trauma centers will have a designated basket located in their trauma bay for PCRs for all trauma patients transported to their facility. Dr. Marino asked the trauma centers to continue to update the committee on missing or incomplete PCRs.

It was mentioned that all needle thoracostomy cases should be reported because the number of prehospital cases is relatively small. Mr. Hales noted that he can extract this information from the bubble form as long as that section on the form has been completed. Larry Johnson explained that he would be able to obtain that information from his agency and Mr. Rogers advised that his agency would create a form that would capture all needle thoracostomy cases. Dr. Michael Metzler requested that the EMS agencies submit all needle thoracostomy cases to the trauma centers and then, the trauma centers would give a monthly report to the committee.

Mr. Johnson stated that he will have the QA coordinators at American Medical Response-Las Vegas and MedicWest ambulance keep a tally of all protocol deviations reported to the Health District. Dr. Marino pointed out the importance of the trauma centers reporting protocol deviations. Previous discussions have included spinal immobilization deviations and those types of issues need to be addressed. If a trend is identified, then additional education will be given to EMS.

The trauma centers will also be tracking this same information from their perspective for comparison. Mary Ellen Britt commented that the Office of Emergency Medical Services and Trauma System will communicate to the other EMS agencies that they need to provide these three data elements.

Mr. Hales advised that they have reader boards constantly running and can be accessed from all of their EMS units; therefore, if the trauma centers have training programs or case presentations that they would like to share, they can email him the information. The boards are updated at least once a week and most slides run for at least two weeks.

Julie Siemers noted that Mercy Air has addressed an issue with multiple helicopters trying to land on the pad. Their pilots are aware that they need to stay with the aircraft or by the EMS station so that they are able to get back to the helicopter to move it if necessary.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Chairman Marino called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 2:27 p.m.