



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM PERFORMANCE IMPROVEMENT COMMITTEE

January 21, 2009 – 3:00 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman (Alt.)
Don Hales, EMT-P, MedicWest
Larry Johnson, EMT-P, MedicWest
Michael Metzler, M.D., Sunrise Hospital
Melinda Hursh, RN, Sunrise Hospital

Kim Dokken, RN, St. Rose Hospital
Jay Coates, DO, University Medical Center (Alt.)
Gregg Fusto, RN, University Medical Center
Brian Rogers, EMT-P, Henderson Fire Dept
Sean Dort, MD, St. Rose Hospital

MEMBERS ABSENT

Allen Marino, MD, Chairman

John Fildes, MD, University Medical Center

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Moana Hanawahine-Yamamoto, Recording Sec.
Trish Beckwith, EMSTS Field Rep

Joseph J. Heck, D.O., Operational Medical Director
John Hammond, EMSTS Field Rep

PUBLIC ATTENDANCE

Daniel Wu, DO, University Medical Center

CALL TO ORDER – NOTICE OF POSTING

The Trauma System Performance Improvement Committee convened in Human Resources Training Room #2 of the Ravenholt Public Health Center on Wednesday, January 21, 2009. Mary Ellen Britt called the meeting to order at 3:00 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Ms. Britt noted that a quorum was present.

I. CONSENT AGENDA

Ms. Britt stated the Consent Agenda consisted of matters to be considered by the Trauma System 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/Trauma System Performance Improvement Committee Meeting: 12/17/08

Chairman Britt asked for approval of the minutes of the December 17, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Committee's Mission

Brian Rogers explained that he would like to have evidence-based measures of EMS system performance for trauma. Kim Dokken mentioned that it is not only important to collect data but to feedback the analysis of the data to the stakeholders. Ms. Britt believed that the mission of this committee should be included in a section of the Trauma System Performance Improvement Plan.

In response to previous discussions about the need to identify trauma patients in the system, Mr. Rogers stated that Henderson Fire Department's patient care report (PCR) has been revised to include, meeting Trauma Field Triage Criteria (TFTC) and identifying the criteria met (Step 1, 2, or 3). He has also asked the other EMS agencies to consider revising their PCR to include these two data fields.

Henderson Fire Department has also committed to Sansio's electronic patient care reporting (ePCR) system which should be fully functional by April 1, 2009. Ms. Dokken requested that the ePCR include all of the fields in the present record as well as all trauma registry data elements. Mr. Rogers advised that he would get a sample of the ePCR to Ms. Dokken. The new ePCR system will require the hospitals to set up a computer receiving station. Mr. Rogers will be attending a train the trainer course at the end of the month and will have more information regarding set-up requirements at that time.

Don Hales reported that they have continued to collect data using Quicnet; however, they have not analyzed the data to start identifying gaps or inconsistencies in the reporting.

B. Analysis of Data from EMS Documentation Study

A study of all TFTC patients from January 5 to January 9, 2009 was established to determine if the two criteria points, location of the incident and if the patient met TFTC, were documented. At the pre-Trauma Medical Audit Committee meeting, the group agreed that if the information was located in the narrative section of the PCR, it would be accepted as meeting TFTC as well.

Ms. Dokken noted that the location documentation was not a problem for St. Rose Siena during this study. There are difficulties reading the PCR because it is the third copy of the record but the trauma nurses are documenting the location on the trauma flow sheet so Ms. Dokken is able to get the location information from that sheet as well. Overall, Ms. Dokken was able to ascertain from the PCR if the patients had met TFTC or not; however, her concern was that the documentation of this information did not prove that EMS recognized the patient as a trauma patient nor did it show intent.

Melinda Hursh agreed that the location was documented on all of Sunrise's cases during this study period; however, there was one incident that EMS failed to identify as a TFTC patient. Ms. Hursh also added that this study served as an internal review process of the completion of their trauma activation paperwork.

Gregg Fusto submitted a copy of the PCRs for all of the UMC patients that were included in this study. This allowed the Health District to verify what box was selected by EMS for reason of destination. The outcome spreadsheet noted that EMS did not document that the patient met TFTC on more than half of the cases; however, after further review, the nursing staff may not have been clear that this study should have only included TFTC patients not all trauma patients seen at the trauma center. The review also pointed out that the selection of a reason for destination by EMS did not prove intent.

Another aspect discussed was the fact that mechanism patients frequently change their accounts of the accident; therefore leading to a difference in the prehospital and trauma center patient assessments.

There are instances when a traumatic injury may not rise to the level of TFTC. Dr. Jay Coates mentioned that it may be in these patients' best interest to be transported to an Emergency Department (ED) that has a trauma center because there is a system for the care already in place. Rory Chetelat added that before the Clark County Trauma System was created, there was a concern about EDs not getting to experience every day trauma cases. Dr. Coates stated that there needs to be a balance for the EDs to maintain their trauma skills. Most EDs should be able to treat any patient within the first 24 hours; however, the quality of care in the subsequent days is what is important.

Ms. Britt commented that this study was a step in the right direction; however, without a simple yes/no check box it is difficult to determine if EMS identified the patient as meeting TFTC and if that drove their destination decision.

C. Discussion of Trauma System Performance Indicators

Ms. Britt stated the importance of measuring Clark County's trauma system utilization. A list of criteria has been established but the Regional Trauma Advisory Board is still in the early stages of collecting data. Dr. Metzler felt that one measure of system utilization would be through the analysis of access of care for trauma patients. What are the transport times (time of call to scene and scene to trauma center)? Dr. Coates suggested looking at the criteria used to determine when a new fire station should be created and where it should be placed. Mr. Fusto felt that patient volume and meeting the needs of the community should be another measure of system utilization. However, no other city has the type of fluctuation in population like Las Vegas. With the current economic conditions, the media has speculated about the number of people leaving Las Vegas monthly but it seems as if no one has the true number of people currently living in Clark County.

Mr. Chetelat advised that the Health District has access to Las Vegas Fire & Rescue's FirstWatch data. FirstWatch is a software program that gathers real-time data and is used by the public safety answering points. The triggers have not been able to filter the data enough to be reliable in identifying TFTC patients. It has already been determined that the community continues to transport more non-TFTC patients to the trauma centers.

FirstWatch pulls the data from the computer aided dispatch (CAD) and it has been identified that the receiving facility names are not being reported consistently. For example, University Medical Center is being reported as UMC, UMC Rose St, UMC Charleston and UMC Trauma. This inconsistency makes it difficult to identify a subset of patients. Mr. Hales mentioned that the EMS providers and dispatch personnel are entering the receiving facility information and that part of the problem may be due to CAD limitations.

It was suggested that the committee analyze the FirstWatch data for one month to identify trauma patients and review scene and transport times. Mr. Fusto asked if there could be a FirstWatch presentation at the next meeting to familiarize the committee with the program.

Dr. Metzler would also like to examine the air ambulance transport times and the number of patients being transported by air and Ms. Britt agreed. However, Mr. Chetelat reminded the committee that the Health District only regulates the air ambulance agencies that transport from the scene. They have no authority over the air ambulance agencies that run interfacility transports outside of Clark County.

Mr. Rogers offered to contact Sansio for a presentation of their epcr program at the next meeting. This would allow the committee to be a part of creating rules to the software when handling TFTC patients.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Chairman Britt called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:54 p.m.