



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM PERFORMANCE IMPROVEMENT COMMITTEE

February 18, 2009 – 1:30 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	Jay Coates, DO, University Medical Center (Alt.)
Larry Johnson, EMT-P, MedicWest	Gregg Fusto, RN, University Medical Center
Michael Metzler, M.D., Sunrise Hospital	Scott Vivier, EMT-P, Henderson Fire Dept (Alt.)

MEMBERS ABSENT

Brian Rogers, EMT-P, Henderson Fire Dept	John Fildes, MD, University Medical Center
Don Hales, EMT-P, MedicWest	

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Michelle Dimoff, RN, Summerlin Hospital	Troy Tuke, EMT-P, Clark County Fire Department
Jo Ellen Hannom, RN, Clark County Fire Department	Elizabeth Snavelly, University Medical Center
Minta Albietz, RN, Sunrise Hospital	

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, February 18, 2009. Chairman Allen Marino called the meeting to order at 1:30 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 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: 1/21/09

Chairman Marino asked for approval of the minutes of the January 21, 2009 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Election of Vice Chairman

Dr. Michael Metzler nominated Dr. Sean Dort as Vice Chairman. The motion was seconded and passed unanimously.

B. Discussion of Mission Statement

Dr. Marino reiterated that he and Brian Rogers wanted this committee to evaluate EMS performance measures relating to trauma. Dr. Michael Metzler felt this committee could help EMS and the trauma centers understand their roles in the trauma system and open up lines of communication to assess areas for improvement. Based on this understanding, there was discussion that the current name of the committee does not represent the role of this committee.

A motion to change the subcommittee name to EMS/Trauma System Performance Improvement Committee was made. The motion was seconded and passed unanimously.

The draft mission statement was written based on information found in the Model Trauma System Planning and Evaluation Guide from the Health Resources and Services Administration (HRSA). The statement was found in the section relating to the interface between EMS and trauma.

The statement states: The EMS/Trauma Performance Improvement Committee will function as a subcommittee of the RTAB; its membership includes representatives from the permitted EMS agencies, designated trauma centers and other stakeholders. The mission of the committee is to ensure the coordination, integration, efficiency and effectiveness of the interface between the EMS and trauma system. The system components that should be regularly evaluated include: communication, medical oversight, prehospital triage and transportation, and measurement of patient outcomes. The committee will analyze current data and identify new data sources, information and research to promote system assessment and improvement.

A motion was made to accept the above mission statement with the revision to the name of the subcommittee. The motion was seconded and passed unanimously.

Dr. Marino explained that he has identified several performance indicators. Performance indicators are defined as measurable benchmarks that indicate how well one is achieving its desired goals and objectives. Scott Vivier mentioned that the EMS providers would like to be measured by performance indicators that have a direct clinical impact. Currently, the only feedback the providers are receiving is regarding out of area trauma transports and they don't seem to understand the importance of this measure with regard to the clinical impact to the patient.

This committee needs to come up with the performance indicators that they would like to measure. Dr. Marino has asked the trauma program managers and the EMS representatives to submit their ideas for performance indicators to him within the next two weeks.

Dr. Metzler voiced his concern with air ambulance agencies and would like them to have a seat on the committee. Ms. Britt advised that Mercy Air Service is the only rotorwing air ambulance in Clark County and she will contact them to ask for their participation in this committee.

C. Report on FirstWatch Reporting System

FirstWatch is a real-time surveillance system that involves live analysis of data to identify patterns and trends as they happen. The program is pulling the information from the computer aided dispatch (CAD) system so it does not include any information about the patient's condition. The program does run a little slow because it is constantly refreshing the information from the CAD. FirstWatch also has the ability to send out alerts regarding important or mission critical information to

authorized personnel. If the program notices a peak in the trendline for one of the EMS agencies, the agency would be immediately notified and alerted of the problem.

Rory Chetelat displayed FirstWatch for the committee to show them the various types of information available in the program. Currently, he only has access to Clark County Fire Department, Henderson Fire Department, Las Vegas Fire & Rescue and North Las Vegas Fire Department's data. He can also request access to American Medical Response-Las Vegas and MedicWest ambulance's data; however, he would like to mine the data a little more to verify its validity. Mike Myers from Las Vegas Fire & Rescue is working on adding Boulder City Fire Department and Mesquite Fire & Rescue to FirstWatch through grant funding. If their two CAD systems can be added to FirstWatch, the Health District would have the ability to access the data for all of the EMS transporting agencies in Clark County.

Examples of the data available in FirstWatch are call volume, types of calls, and transport destination information. Mr. Chetelat is able to download the data into MS Excel and run various pivot charts. The downloaded data also includes the latitude and longitude position for each of the calls. The Office of EMS and Trauma System has requested Geographic Information System (GIS) mapping capabilities; therefore, they will have the ability to upload the FirstWatch information into GIS and map the various call locations.

D. Report on Sansio Electronic Patient Care Reporting System

Troy Tuke explained that Clark County Fire Department will be utilizing the Sansio electronic patient care reporting system within the next 3-4 months. They have already piloted the program at one of their stations and were able to extract a lot of data from the system and verify the accuracy of the information. Within a month of using the system, the EMS personnel were completing the charts within 9 minutes.

Tim Hakamaki, VP of EMS at Sansio, presented the various features this system offers by phone. Sansio offers a web-based electronic pre-hospital care report (ePCR) EMS software solution called HealthEMS. EMS organizations collect data using multiple types of devices and HealthEMS has the import/export capability to CAD, EKG and billing systems. It efficiently collects and integrates clinical, financial and productivity data providing a comprehensive tool that decreases documentation and processing time, enhances regulatory compliance and promotes quality patient care.

The program makes the data consistent across all applications and allows access to the patient's entire record, from start to finish. It also has a tool to attach digital pictures from the field. The system is driven by protocols and the agency will decide the validations that will be required. The disposition chosen will decide the close call rules which will then force the crews to complete the required documentation before they can get out of the call.

The hospitals receiving these patients will be given a program called ERA free of charge. This will allow the hospitals to know when units are transporting patients to their facility through an alarm system on the computer. They will have the ability to pull up any patient information that is available at that time. The hospitals will be able to pull up the chart and print it for the patient's chart. HealthEMS conforms to HIPAA best practices for transfer of electronic Protected Health Information (PHI).

The EMS agencies will also have the ability to view the hospital data if the hospital adds information to the record in ERA. Sansio is working on the ability to have the hospital outcome data added to the record as well.

Ms. Britt asked if there could be a yes/no box if the patient met Trauma Field Triage Criteria and was told that it was possible and that the agency would need to define trauma. Mr. Hakamaki advised that the definition would be based off of other indicators. Mr. Vivier stated that additional boxes cannot be added to the form but that information can be added in the box.

Kim Dokken asked if the trauma centers could get a list of data points that is on the ePCR. Gregg Fusto inquired if the trauma centers would be able to query reports from ERA. Mr. Vivier explained that since the program is web-based, it would only require the EMS agencies permission to the records.

Mr. Tuke mentioned that eventually the data required by the State of Nevada will be downloaded automatically.

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.