# MINUTES

## EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

## TRAUMA SYSTEM PERFORMANCE IMPROVEMENT COMMITTEE

## December 17, 2008 - 1:30 P.M.

### MEMBERS PRESENT

Allen Marino, MD, Chairman
Mary Ellen Britt, RN, Regional Trauma Coordinator
Larry Johnson, EMT-P, MedicWest
Michael Metzler, M.D., Sunrise Hospital
Melinda Hursh, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Hospital
John Fildes, MD, University Medical Center
Gregg Fusto, RN, University Medical Center
Brian Rogers, EMT-P, Henderson Fire Dept
Sean Dort, MD, St. Rose Hospital

### MEMBERS ABSENT

Don Hales, EMT-P, MedicWest

### SNHD STAFF PRESENT

Moana Hanawahine-Yamamoto, Recording Sec.
John Hammond, EMSTS Field Rep

### PUBLIC ATTENDANCE

None

### 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, December 17, 2008. Mary Ellen Britt 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. Ms. Britt noted that a quorum of the individuals who said they would participate 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.

### II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Selection of Chairperson

Mr. Rogers made a motion to elect Dr. Allen Marino as the chairman. The motion was seconded and passed unanimously.

B. Discussion of Purpose of Committee

Dr. Marino mentioned the importance of developing expectations for EMS providers that can show how patient care is impacted. Until there are evidence-based measures of EMS system performance

where EMS can be held accountable, nothing will change. The committee would like to work on a model of trauma system performance and evaluation between prehospital and the trauma centers.

Ms. Britt noted that during past site visits the American College of Surgeons peer review team members were concerned that there was no apparent performance improvement system between EMS and the trauma centers in Clark County, but this committee will be able to provide that opportunity. This committee will offer a way to open up the lines of communication and form a partnership between prehospital agencies and trauma centers.

C. Discussion of Trauma System Performance Indicators/Benchmarking

The trauma centers agreed that inconsistencies in receiving a completed patient care report (PCR) is a system wide issue. Hospitals consistently refer back to the PCR for vital signs and other important patient information and when the documentation is incomplete or missing, the trauma centers spend an enormous amount of time contacting the EMS agencies for the information. UMC reported that between January-November 2008 they received 2,021 patients by EMS transport and out of those patients, 531 had incomplete or missing PCRs.

Data collection is vital for analysis of a system. The 2008 Clark County Trauma System Report identified that 56% of all trauma deaths occurred on scene. These individuals did not even make it to a treatment facility; therefore, the only way to reduce this percentage would be through injury prevention efforts. The analysis of the data in the Trauma System Report allowed the Regional Trauma Advisory Board to begin to identify focused areas (i.e. prevention).

Criteria for trauma system assessment were created by the Office of Emergency Medical Services and Trauma System and Melinda Hursh suggested that the information be shared with the EMS personnel. There are a few benchmarks that already exist (i.e. EMS response to scene times < 9 minutes). If those times are being met, then they are doing the right thing. If they are not meeting the benchmark, then areas for improvement would need to be discussed.

Dr. John Fildes suggested that it would be best to focus on a few data points that can be reliable and easily collected.

A motion was made to have all three trauma centers conduct a study of all trauma field triage criteria (TFTC) patients from January 5 to January 9, 2009 to determine if the two criteria points, location of the incident and if the patient met TFTC, were documented. The motion was seconded and passed unanimously.

Dr. Fildes mentioned that data definitions may need to be created. Would the classification of the patient meeting TFTC be recognized by a comment or a check box on the PCR or would it be surmised from all of the documentation gathered at the trauma center? The definition for this data point will be determined by the trauma centers.

Dr. Fildes also added that there is no public funding for the Clark County trauma system; therefore it is important to identify if a patient has met TFTC because it impacts EMS and the trauma centers' ability to recover costs. When the trauma system was being created, the payor groups voiced their concerns about validating the reason for the transports to the trauma centers.

The data gathered from this study will be the baseline assessment of EMS documentation. Then, the committee will be able to do more focused performance improvement activities in the future.

Mr. Rogers informed the members that Henderson Fire Department and Clark County Fire Department are using the Sansio electronic prehospital care report program at several of their stations. If this program is instituted, they may be able to add specific fields to help in the data collection process.

Kim Dokken also remarked that St. Rose Siena has an issue with a specific EMS agency clearing C spines in the field. The spinal immobilization protocol states that if the patient has evidence of

blunt trauma and meets TFTC, then spinal immobilization is required. Mr. Rogers explained that there may be some confusion regarding the definition of blunt trauma in the field. Ms. Dokken has advised medics that if they are going to transport a patient to the trauma center, the patient needs to be boarded and collared. Dr. Marino stated the protocols will be reviewed by the Medical Advisory Board in the coming months and if necessary, the language in the spinal immobilization protocol can be clarififed.

## 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 2:26 p.m.