



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

January 17, 2007 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
John Fildes, MD, University Medical Center
John Recicar, RN, University Medical Center
Michael Metzler, MD, Sunrise Hospital
Melinda Hursh, RN, Sunrise Hospital
Jo Ellen Hannom, RN, CCFD (Alternate)

E.P. Homansky, MD, American Medical Response
Sean Dort, MD, St. Rose Hospital
Kim Dokken, RN, St. Rose Hospital
Robert Bursey, General Public Representative
Tim Hingtgen, FAB Representative

MEMBERS ABSENT

Sameer Abu-Samrah, MD, Payor Representative
Richard Henderson, MD, MAB Representative

Michelle Chino, PhD, UNLV-SPH
Sandy Young, RN, Las Vegas Fire & Rescue

SNHD STAFF PRESENT

Rory Chetelat, EMS & Trauma System Manager
Joseph J. Heck, D.O., Operational Medical Director
Eddie Tajima, Recording Secretary

Marc Johnson, RN, QI Coordinator
Mike Bernstein, Health Educator

PUBLIC ATTENDANCE

Teresa Conley, St. Rose Hospital
Michael Devitte, EMT-I, American Medical Response

Kyle Endres, EMT-I, American Medical Response
Steven Boelter, CCSN Paramedic Student

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board convened in Human Resources Training Room #2 of the Ravenholt Public Health Center on Wednesday, January 17, 2007. Chairman Mary Ellen Britt called the meeting to order at 2:35p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Britt noted that a quorum was present.

I. CONSENT AGENDA

Chairman Britt 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.

A. Minutes Regional Trauma Advisory Board Meeting November 15, 2006

Chairman Britt asked for approval of the minutes of the November 15, 2006 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of 2006 Trauma Performance Improvement Plan

Ms. Britt reported that the Trauma Performance Improvement Plan was approved by the Board of Health on December 14, 2006. Ms. Britt noted an error in the document on page 9 listing NRS 49.119 as 449.119 and stated this will be corrected and thanked the board for their assistance in developing the document.

B. Discussion of Bill Draft Regarding Protection of Autopsy Reports

Ms. Britt explained that one of the items that delayed the Trauma Performance Improvement Plan from being approved was the Coroner's Office was not sure at what level they would be able to participate. Mr. Fudenberg, the Assistant Coroner, was willing to participate in the meetings but after a meeting of the SNHD and County attorneys, the County attorney was not willing to agree to SNHD attorney's interpretation of the law. Dr. Heck has submitted a bill draft that essentially mirrors the language of NRS 432B.407 which is the Child Death Review Committee legislation that outlines the protections of individuals that participate. The language in the bill draft would protect any autopsy reports that are part of the medical review committee process. Ms. Rayfelt, the Assistant District Attorney for the Coroner's Office, is willing to support the bill draft. In the interim, Mr. Fudenberg will attend TMAC meetings and provide whatever information possible.

Dr. Fildes asked if there was any way to predict the outcome of the draft bill. Dr. Heck replied that there wasn't but because there is an analogous statute in place, it wouldn't be as controversial.

C. Report of Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) Grant Application

Ms. Britt stated that the TIIDE grant is being offered through the Centers for Disease Control and advised the board that the OEMSTS submitted a letter indicating their intention of applying for this grant. She noted that the purpose of the grant is to foster the exchange of information to improve trauma care, support the development of information, both timely and evidence-based and dissemination systems to decrease morbidity and mortality. She stated that the plan in the first year is to identify data sources and then transition into the second year being able to access and link those data sources to analyze that data and then by the third year be able to disseminate that information and facilitate education in the community. She added that there is a need on the part of the non-trauma hospitals to have this education in trauma care and asked Dr. Heck to speak briefly about his part in identifying types of injuries during a mass casualty event.

Dr. Heck stated he was asked to develop a training course on the medical implications of high risk events. He added that he took what would be the four most likely events to occur in Nevada to include blast injury, crush injury, burn management and the public health implications of natural and/or man-made disasters and put together a two hour medical educational program.

Mr. Chetelat added that another consideration was partnering with the Fire Department and offering and facilitating CERT (Community Emergency Response Team) Training for the community which would include first aid, CPR, emergency care and ways to secure their home. Dr. Metzler agreed and commented that the general public has to have some idea of the plan.

Ms. Britt stated that she will send out a sample letter that spells out key points of what we are planning to do and asked the Board for letters of support to include in this grant application.

D. Discussion of Draft Trauma Regulations

Ms. Britt presented the most recent version of the Draft Trauma Regulations. She explained that through conversations she had with Dr. Kwalick, Dr. Heck and Mr. Chetelat it was agreed upon to have a separate set of Trauma Regulations instead of them being a part of the EMS Regulations. Therefore, a Foreword was created that provides the legislative foundation for the Clark County Trauma System Regulations and the direction to the District Board of Health to create regulations.

Ms. Britt stated that there have been some minor changes including the addition of a Terms and Conventions section which defines some of the abbreviations that will be used throughout these regulations and added that this list will grow as we continue to add sections.

Ms. Britt went over Section 100 Definitions stating that most of these definitions came out of the NAC section relating to the trauma system.

Dr. Heck questioned the definition for “Receiving Hospital” which talks about non transport hospitals being formally assigned a role by the health division in the system providing treatment for trauma. He stated they have contacted the state health division and asked what role have they been assigned and how they’ve been assigned but have not received an answer yet.

Dr. Metzler proposed that “and/or” should be added in item I of the definition for “Patient with Major Trauma” which would give added flexibility that is needed. Dr. Fildes agreed stating item II pushes the bar up higher for who goes to a center for trauma and what might be permissible treatment in an acute care hospital.

Ms. Britt asked the Board if they wanted to leave the definition of the “Pediatric Regional Resource Center for the Treatment of Trauma”. Dr. Heck added that to his knowledge there is no such facility for this in the state. Dr. Fildes stated that the definition for the “Center for the Treatment of Trauma” should include all ages and both genders. The committee agreed to remove the definition of “Pediatric Regional Resource Center for the Treatment of Trauma”.

Ms. Britt explained that the elements contained in Section 200, Center for the Treatment of Trauma Authorization/Reauthorization Application Process are those that were agreed upon by this group in the last couple of meetings and stated that Dr. Heck made a recommendation that the items under Section “I” be taken out and put into procedure describing the application process. Dr. Heck added that the point of consideration is that if somewhere down the line if the Board decides on another application metric they would have the authority to change the matrix in the procedure manual rather than going through the process of a public workshop, public hearing through the Board of Health. The committee agreed making Section I read “A written agreement between the institution and the Board that defines the roles and responsibilities of a designated trauma center, as per District Procedure”.

Dr. Fildes questioned whether the mention of a graduated process should also be referred to the procedure manual instead of in the regulations since graduated will not mean anything unless it’s defined. The graduated process would require hospitals interested in becoming centers for the treatment of trauma to enter as a Level III with a two year plan to become a Level II and then a two year plan to become a Level I if needed or desired. The regulations should also include a process to allow existing facilities to change their level and that Level III center will need to be verified by ACS. Dr. Heck stated that it could but felt something you feel very strongly about and won’t be changing on a regular basis should be put in regulation because that has much more authority. Mr. Chetelat questioned whether the health district has the authority to say it has to be graduated. Dr. Heck explained that we would only authorize facilities at a certain level. Ms. Britt added that we are still waiting for input from the state on whether we are on the right path. Dr. Homansky asked if OEMSTS had documented all correspondence that has been sent to the state. Both Mr. Chetelat and Ms. Britt reported everything is being documented and based on conversations with Mr. Haartz, Health Division Administrator the goal is to push forward.

Dr. Heck stated that Section 200 is for both authorization and reauthorization but except for in the title he saw no further reference to reauthorization. He added that if we have an existing facility wanting to move up and using the same process we need to make that clear. Ms. Britt agreed and suggested breaking that out into a separate section 200.100.

Dr. Fildes asked what the intent was with the statement in Section IV item C stating successful completion of the partial ACS verification process. Ms. Britt stated that it actually came out of the document that ACS provided where they would come in and look at the non volume dependant criteria initially and they considered that a partial verification visit. Dr. Fildes

suggested that it should be restated as Successful completion of the ACS verification process independent of the volume criteria.

Dr. Heck suggested in section IV removing item A, B & C because they include the states criteria and we don't have authority over their process. Ms. Britt stated that Dr. Kwalick said that he wanted us to include some of that detail so a facility didn't have to be looking in several different locations to figure out what they needed to do if they wanted to become a trauma center. Dr. Heck felt that whatever we do is going to be limited to the authorization process. Our regulations need to define who we authorize and how we authorize them and hopefully the state will take that and put it in their designation process so that it mirror's it. Dr. Metzler suggested that since authorization is the process we control shouldn't section IV state successful completion of the SNHD Trauma Center Authorization process which includes what is in the list.

The question came up whether to eliminate item C in Section IV even if the word partial is removed since the consultative visit is not required. Dr. Fildes stated it would be up to the health district to determine if they want to raise the bar by requiring the consultative visit. He added that consultative visits are made for facilities that may never have been a trauma center before and wants a dress rehearsal or for centers that are troubled and have had serious weaknesses. Dr. Heck felt we need to concentrate on the verification and not the consultative visit. He added that sections I & II are the first 2 steps of the authorization process which is written as part of the application process and then add language regarding the graduated approach. Dr. Heck also recommended including the requirement for the level III verification in this section. The committee agreed and Ms. Britt stated she would make those changes.

In Section 300, Regional Trauma Advisory Board, Ms. Britt stated that the only change that was recommended was in section II A, item 2 which should read One (1) Trauma Program Manager rather than administrator. The committee agreed there were no other recommended changes.

E. Review of Trauma Transport Data

The November and December 2006 Trauma Transport Data reports and 2005-2006 Trauma Field Triage Criteria Trend Analysis were reviewed. Dr. Homansky voiced concern about the numbers for Sunrise Hospital in November. Dr. Heck agreed and stated there was a disconnect between the total transport numbers and the graph. Ms. Britt stated that she will take a look at it and report back on this issue.

Ms. Britt commented Dr. Kwalick asked that we distribute the article "Patterns of Errors Contributing to Trauma Mortality: Lessons Learned from 2594 Deaths" for review.

III. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

IV. ADJOURNMENT

As there was no further business, Chairman Britt called for a motion to adjourn. The motion was made, seconded and carried unanimously to adjourn at 3:44 p.m.