



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### REGIONAL TRAUMA ADVISORY BOARD

February 21, 2007 - 2:30 P.M.

#### MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman  
E.P. Homansky, MD, American Medical Response  
Michelle Chino, PhD, UNLV-SPH  
Michael Metzler, MD, Sunrise Hospital  
Melinda Hursh, RN, Sunrise Hospital

John Fildes, MD, University Medical Center  
Sean Dort, MD, St. Rose Hospital  
Kim Dokken, RN, St. Rose Hospital  
Robert Bursey, General Public Representative  
Sandy Young, RN, Las Vegas Fire & Rescue

#### MEMBERS ABSENT

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

John Recicar, RN, University Medical Center  
Tim Hingtgen, FAB Representative

#### SNHD STAFF PRESENT

Rory Chetelat, EMS & Trauma System Manager

Judy Tabat, Recording Secretary

#### PUBLIC ATTENDANCE

Teressa Conley, St. Rose Hospital  
Patty Holden, Sunrise Hospital

Wendy Lincoln, St. Rose Hospital

#### 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, February 21, 2007. Chairman Mary Ellen Britt called the meeting to order at 2:37p.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.

Minutes Regional Trauma Advisory Board Meeting January 17, 2007

Chairman Britt asked for approval of the minutes of the January 17, 2007 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

**II. REPORT/DISCUSSION/POSSIBLE ACTION**

A. Discussion of Status of Bill Draft Regarding Protection of Autopsy Reports

Ms. Britt stated that she has spoken with Dr. Heck and the autopsy record protection bill is still being drafted and has not yet been given a BDR number. He will keep us posted as it moves through the process of this legislative session. Dr. Fildes added that he hasn't seen the bill draft but questioned if giving the medical examiner protection to appear at the TMAC will affect individual centers being able to have access to the reports. Ms. Britt stated the bill draft language was modeled after the language in the child death review team legislation and would only protect their participation in the committee meetings.

B. Discussion of TIIDE Grant Application Status

Ms. Britt reported that the application has been submitted and she has received word that it arrived on time. She explained that TIIDE stands for Terrorism Injuries: Information, Dissemination and Exchange which is a grant project funded through the Centers for Disease Control and Prevention. She noted the goals and objectives of the OEMSTS TIIDE Project are designed to identify gaps in the current system by assessing the availability and accessibility of existing data sources; enhance or develop mechanisms to link disparate data sources to provide more accurate, timely, and complete information about the daily operations of the system; analyze the available data to improve trauma care delivery and to plan for expanding the system to respond to a mass casualty event; disseminate the information to our community partners with recommendations to assist them in evaluating their existing plans and to ensure the trauma system plan is fully integrated into community-wide mass casualty planning. She added that she will be working in partnership with the Office of Public Health Preparedness and their bioterrorism grant upgrading these plans regarding surge capacity. The grant is \$90,000 per year for 3 years and we will find out later this summer whether this grant will be funded.

C. Discussion of Draft Trauma Regulations

Ms. Britt stated that the changes that were discussed in the last meeting have been incorporated into the draft regulations document by italicized and underlined text. She added that under the Clark County Trauma Regulations Forward she added "to be considered" as a means to clarify that a facility will request authorization from us to move forward in the State designation process.

The Regional Trauma Advisory Board reviewed each regulation and the following recommendations were made:

- Section 100 Definitions

100.010 – Ms. Britt felt it made more sense to change facility's "desire" to "capacity, capability and commitment" since these are the terms we have used in our proposals to date. She also stated that she changed "Administrator of" to "State Health Division" to standardize the language.

100.030 – Ms. Britt stated she added the statement "that can care for patients of all ages and both genders" to cover the removal of the Pediatric Regional Resource Center definition. Dr. Fildes added that in line 3 of this definition it states Level I, II, III or IV and felt that the State will only designate to a Level 3 and it makes more sense to be consistent with the State. Ms. Britt stated she will follow-up with the State to clarify this.

100.050 – Per Dr. Metzler's request in Item #I, "and/or" was added to broaden the definition.

100.080 – Ms. Britt stated that “general” was added to be consistent with all the other references to hospitals throughout the document.

100.110 – Dr. Fildes felt that either NAC 450B.770 or the SNHD EMS Trauma Field Triage Criteria Protocol should be referenced in the triage criteria definition. It was decided that it would be more accurate to reference the Health District protocol.

100.120 – Dr. Fildes suggested that NAC 450B.820 be adopted by reference as part of the definition because it describes the American College of Surgeons’ verification process as a component of the State’s designation process.

- Section 200 Trauma System Administration

200.000 – Ms. Britt stated the first section outlined the OEMSTS responsibilities regarding the trauma system. Dr. Fildes commented that the elements in 200.000 are good but suggested that they be placed in an order that represents how patients flow through the system with prevention and public education being first. It was also recommended that community disaster preparedness be included.

200.100 – Ms. Britt stated this section addressed the need to develop a trauma performance improvement plan and what components it includes. Ms. Young asked if the TMAC would fall under section #I or #V. Ms. Britt explained that Item #V is the multidisciplinary medical peer review committee and item #I is the internal audit process for the hospital.

- Section 300 Center for the Treatment of Trauma Authorization Process

300.000 – Ms. Britt stated this section laid out the process for authorization for hospitals that desire designation as a center for the treatment of trauma in Clark County. She added the regulatory language will be accompanied by a District procedure which will give more detail about the actual steps in the process. Ms. Hursh recommended changing the format so the two options available to hospitals wishing to make application for authorization would be more easily identified. Ms. Young agreed and stated that the District Procedure further clarifies the process.

Subsection V states that after a hospital gains sufficient trauma care experience they can apply for reauthorization at a higher level. This reflects the Board’s desire to utilize a graduated process for authorization. Mr. Chetelat questioned whether the facility would have to go back to the beginning of the authorization process, meaning there would have to be an identified need in the system before authorization would be considered. Dr. Metzler felt that it should be treated as authorization and not reauthorization so they would loop back and start over again. Ms. Dokken also asked if we should consider authorization of Level IV centers as outlined in NAC 450B. Dr. Fildes commented that he does not believe the State plans to include designation of Level IV centers in the future. Ms. Britt stated she would check with Fergus Laughridge and then make the appropriate changes in the language.

300.100 – This section outlines the process for accepting applications for authorization. Dr. Metzler asked to change “The Board may issue a letter of authorization...” to “In order for the Board to consider issuing a letter of authorization...” Ms. Britt stated that the letter would be issued after the applicant completed the application, including documentation of their commitment to meet all of the requirements. Upon receipt and review of the application, the OEMSTS will make a recommendation to the Board at a Board of Health meeting which will serve as the public hearing on the application. Mr. Chetelat questioned if the RTAB should also endorse the recommendation. Ms. Britt responded that the other State regulations she reviewed showed governmental agencies making the determination and the process did not include advisory boards. Given the membership of the RTAB, it was decided it could create a potential conflict of interest for current Board

members to vote on the addition of new trauma centers. Members of the RTAB and the general public will have an opportunity to testify at the Board of Health meeting.

Subsection II states OEMSTS will make a recommendation to the Board to approve or deny the application for provisional authorization. Ms Britt asked the Board if there should be an opportunity for the applicant to appeal if they are denied. The committee agreed and Ms. Britt stated she will include a description of the process in the next draft.

300.200 – This section addresses the notification requirements for a center that withdrawals or refuses to renew authorization as a center for the treatment of trauma. It was decided that it was reasonable to expect a 6 month written notice.

Dr. Fildes stated that in Subsection II B we should adopt by reference NAC 450B.826 to issue a provisional designation in cases when extenuating circumstances exist where the American College of Surgeons does not issue its decision in a timely manner and it backs into the expiration date. Ms. Britt stated she would add similar language.

In Subsection II, Mr. Bursey questioned if the Board of Health has the power locally to withdraw an authorization without the State being involved. Dr. Metzler stated he read that as the Board could, in conjunction with the State, take that action. It was decided the center needs to be in compliance with both the local and state requirements and that the language will be changed to reflect the action being taken in conjunction with the State as referenced in NAC 450B.830.

Ms. Young questioned if there will be a fee associated with the application process. Ms. Britt responded that SNHD will be discussing that issue with the State Health Division.

- Section 400 Regional Trauma Advisory Board

400.000 – Ms. Britt stated that the only change was in Subsection II A 2 where “administrator” was changed to “Trauma Program Manager”.

- District Procedure for Authorization as a Center for the Treatment of Trauma

Dr. Fildes asked if Subsection I C 1 which addresses the graduated process was clear enough. Ms. Dokken recommended that it be defined or referenced to Regulation 300.000.

Ms. Young asked for clarification on “longitudinal commitment” listed in Subsection I B. The consensus was that five (5) years would be considered a durable or longitudinal commitment. This language could be included in the application packet.

Ms. Britt agreed to make all the suggested changes and asked the Board members to forward to her any additional recommendations prior to the next meeting.

D. Review of Trauma Transport Data

The December 2006 and January 2007 Trauma Transport Data reports were reviewed. Ms. Hursh questioned whether the November numbers for Sunrise have been corrected. Ms. Britt stated the issue has been adjusted and a revised report was sent out. Ms. Dokken commented that the St. Rose data collection system that was causing the underreporting of trauma cases has been fixed and February numbers should be accurate.

**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 3:43 p.m.