



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

May 16, 2007 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
E.P. Homansky, MD, American Medical Response
Robert Bursey, General Public Representative
Teresa Conley, St. Rose Hospital (Alt.)
Melinda Hursh, RN, Sunrise Hospital

Jay Coates, DO, University Medical Center (Alt.)
Sean Dort, MD, St. Rose Hospital
Tim Hingtgen, Summerlin Hospital (Conf call)
John Recicar, RN, University Medical Center

MEMBERS ABSENT

Richard Henderson, MD, MAB Chairman
Sameer Abu-Samrah, MD, Sierra Health & Life
Kim Dokken, RN, St. Rose Hospital
Sandy Young, RN, Las Vegas Fire & Rescue

John Fildes, MD, University Medical Center
Michael Metzler, MD, Sunrise Hospital
Michelle Chino, PhD, UNLV-SPH

SNHD STAFF PRESENT

Moana Hanawahine-Yamamoto, Recording Secretary

Michael Bernstein, CDPHP

PUBLIC ATTENDANCE

Patty Holden, Sunrise 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, May 16, 2007. Chairman Mary Ellen Britt called the meeting to order at 2:45p.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 April 18, 2007

Chairman Britt asked for approval of the minutes of the April 18, 2007 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Approval of Draft Trauma Regulations

The State recommended a change to 200.100 under Office of Emergency Medical Services & Trauma System Evaluation. With regard to the external audit process, the State would like the language to change from “will be conducted” to “may be conducted” and from “the State Health Division and the OEMSTS” to “the State Health Division and/or the OEMSTS.” This leaves the option for but does not require the State to be involved in the periodic reviews.

There were also two changes to the definition of Center for the Treatment of Trauma in 100.030 recommended by OEMSTS staff. The first was to clearly identify the classification scheme with regard to the levels of trauma centers by adding “in accordance with the American College of Surgeons trauma center classification scheme.” The State also noted that they will no longer designate Level IV trauma centers, so the second recommendation was to change the language from “Level I, II, III or IV” to “Level I, II or III.”

A motion was made to accept the above recommendations. The motion was seconded and passed unanimously.

B. Approval of Application for Initial Authorization as a Center for the Treatment of Trauma

Ms. Britt advised that the applications for both initial authorization and renewal of authorization were based on the Trauma System Regulations and the criteria that were previously agreed upon by the RTAB. Melinda Hursh stated that the Resources for Optimal Care of the Injured Patient 2006 lists “Adult Trauma Center Treating Injured Children” as a Trauma Center level; therefore, she would like this level to be added to the Applications for Initial and Renewal of Authorization as a Center for the Treatment of Trauma.

Dr. E.P. Homansky made a motion to accept the Application for Initial Authorization as a Center for the Treatment of Trauma with the addition of the Adult Trauma Center Treating Injured Children Level. This motion was seconded and passed unanimously.

C. Approval of Application for Renewal of Authorization as a Center for the Treatment of Trauma

Dr. E.P. Homansky made a motion to accept the Application for Renewal of Authorization as a Center for the Treatment of Trauma with the addition of the Adult Trauma Center Treating Injured Children Level. This motion was seconded and passed unanimously.

Mr. Britt noted that both applications will be available in Word and PDF format.

D. Discussion of Trauma Field Triage Criteria Protocol Regarding Patient’s Refusal to be Transported

At the last Medical Advisory Board meeting, Dr. Richard Henderson raised a concern regarding Trauma Field Triage Criteria (TFTC) patients requesting transport to a non-trauma facility. Currently, the protocol states that TFTC patients must be transported to a trauma facility so he asked for the Regional Trauma Advisory Board’s (RTAB) direction concerning this matter.

Dr. Jay Coates mentioned that this judgment should be left up to the EMS personnel. The paramedic is on scene and is able to assess if the patient is alert and competent to make his/her own decision to be transported to a non-trauma facility.

Ms. Hursh clarified that the patients falling under this category would include low mechanism/low velocity patients. Therefore, the trauma centers feel comfortable with allowing these patients to be treated at a non-trauma facility and will give the paramedics the option of contacting them for further direction or at least keeping an open line of communication with the receiving facility if necessary.

The word “must” will remain throughout the TFTC protocol as it relates to transporting trauma patients who meet TFTC. Ms. Britt will advise the Medical Advisory Board that the RTAB is recommending two changes in the protocol. A third exception will be added to the TFTC protocol and will read, “If the patient refuses transport to a trauma center, initiate the procedure outlined in the General Patient Care Protocol and consider contacting a trauma center for further direction.” The note in the sample Release of Medical Assistance algorithm will be revised to read, “For all patients refusing transport who meet TFTC Protocol, consider contacting a Trauma Center.

E. Discussion Nominations for Annual Renewal of Non-standing RTAB Members

Ms. Britt explained that it is time for annual renewal of non-standing RTAB members. The positions up for renewal are the public member-at-large, health education and prevention services, payors of medical benefits, public provider of advanced emergency care, private franchised provider of advanced emergency care, and administrator from a non-trauma hospital. All nomination forms must be submitted to the OEMSTS by Friday, June 15th.

F. Update on Status of SB228 Relating to Access, Sharing and Confidentiality of Certain Information by Various Medical Review Committees

Ms. Britt reported that SB 228 applies to the RTAB’s medical review committee and the protection of the autopsy records. The Bill was passed in the Senate and heard in the Assembly Health and Human Services committee on May 7 but no action was taken. Rory Chetelat testified at this committee hearing and the Trial Lawyers Association voiced their concern of public entities such as the Health District having closed meetings. Ms. Britt advised that she would keep the Board posted of any further actions regarding this Bill.

G. Update on Clark County Social Services Medical Card Issue

Ms. Britt presented a memorandum that was dated November 29, 2004 which explained the University Medical Center attorney’s opinion regarding why the UMC pharmacy can’t dispense medications to people seen at other facilities. UMC is a covered entity in Clark County to dispense 340B discounted drugs. UMC qualified as a covered entity by virtue of its being a hospital which “(1) is owned and operated by a unit of state or local government; (2) is a Medicare disproportionate share hospital with an adjustment percentage greater than 11.75% for the most recent cost reporting period ending before the calendar quarter involved, which (3) does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement.”

There must be an established relationship with the individual and the covered entity in order to dispense drugs to him/her. This is the reason the patients must be examined in UMC’s Emergency Department because a medical record has to be created and a relationship established.

Ms. Britt also presented information from the Safety Net Hospitals for Pharmaceutical Access which provided background on the 340B drug discount program, the eligibility of the entities,

as well as how they define a patient. This information does line out with what was described in the memorandum from UMC.

Ms. Hursh noted that Sunrise will need to find out how they can become a covered entity to dispense 340B discounted drugs.

H. Report on Trauma Overload/Internal Disaster Declaration

There was a Trauma Overload declaration by Sunrise Trauma Center on March 7, 2007. It occurred at 10:40 p.m. and lasted for about 1.5 hours. American Medical Response and MedicWest Ambulance's dispatch centers were notified. Dr. Michael Metzler notified the Health District the next morning. A written summary was submitted to the OEMSTS and reviewed by the Trauma Overload/Internal Disaster review committee. The committee members were Dr. John Fildes, Dr. Richard Henderson, Kim Dokken, Sandy Young and Tim Hingtgen. The committee agreed that the decision to go on Trauma Overload was done in the interest of patient safety and the time period was reasonable. The committee identified the same problem that occurred when UMC declared an internal disaster. When a facility declares Internal Disaster/Trauma Overload, they are so busy that it is difficult to notify the various agencies of the declaration. The OEMSTS contacted the Fire Alarm Office to see if they would be willing to do a call down but they declined. Therefore, at this time, the EMSsystem will need to be used as a means of communicating with one another. The committee will continue to look at other ways to streamline the notification process.

Ms. Hursh mentioned that she is still unable to log on to EMSsystem to update Sunrise's information. Ms. Britt did send an email with the contact information for each of the trauma centers to Ken McKim from the Nevada Hospital Association so that he could make sure EMSsystem was updated. Ms. Britt will forward Mr. McKim's contact information to Ms. Hursh so that she can log on to EMSsystem.

I. Review of Trauma Transport Data

The March 2007 and April 2007 Trauma Transport Data reports were reviewed along with the Trend Analysis for 2005, 2006 and up to April 2007. Ms. Britt explained that the TFTC data information is provided to the Health District by each of the trauma centers. These are patients who meet TFTC and are transported by EMS to the trauma facilities. The breakdown of percentages for each year was given for destination, TFTC categories and disposition. Ms. Britt advised that in 2005 there wasn't complete reporting capability for St. Rose so the data was not included in the analysis.

Dr. Homansky would like the disposition data to be compared to the National Trauma Data Base (NTDB); however, Mr. John Recicar noted that the data points are defined differently. Ms. Hursh noted that some of the data reported to the Trauma Medical Audit Committee can be compared to the NTDB data and then reported to the RTAB.

Ms. Britt announced that she will have a chronic disease epidemiologist to help her with data analysis in the future.

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 3:24 p.m.