CORRECTED MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

June 20, 2007 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
E.P. Homansky, MD, American Medical Response
Robert Bursey, General Public Representative
John Recicar, RN, University Medical Center
Melinda Hursh, RN, Sunrise Hospital
Michael Metzler, MD, Sunrise Hospital
John Fildes, MD, University Medical Center
Teressa Conley, St. Rose Hospital (Alt.)
Kevin Stockton, Centennial Hills (Alt)
Kim Dokken, RN, St. Rose Hospital
Sameer Abu-Samrah, MD, Sierra Health & Life
Sandy Young, RN, Las Vegas Fire & Rescue

MEMBERS ABSENT

Richard Henderson, MD, MAB Chairman
Tim Hingtgen, Summerlin Hospital
Sean Dort, MD, St. Rose Hospital
Michelle Chino, PhD, UNLV-SPH

SNHD STAFF PRESENT

Moana Hanawahine-Yamamoto, Recording Secretary
Rory Chetelat, EMS & Trauma System Manager

PUBLIC ATTENDANCE

Patty Holden, Sunrise Hospital
Jo Ellen Hannom, RN, Clark County Fire Dept

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, June 20, 2007. Chairman Mary Ellen Britt called the meeting to order at 2:34 P.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 May 16, 2007

Chairman Britt asked for approval of the minutes of the May 16, 2007 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Trauma Field Triage Criteria Protocol Regarding Patient's Refusal to be Transported

Mary Ellen Britt explained that the Medical Advisory Board (MAB) referred this issue back to the RTAB for further discussion. At the MAB meeting, Dr. Wade Sears expressed concern regarding the recommendation that patients who met Trauma Field Triage Criteria (TFTC) would have the right to choose to be transported to a non-trauma hospital. Dr. Sears felt that if a trauma patient refuses transport to a trauma hospital, the trauma patient should not be transported by EMS at all.

Dr. Michael Metzler mentioned that this issue went before the Missouri State Supreme Court. The decision was that EMS would call and describe the patient to the non-trauma hospital and ask if the facility was capable of caring for the patient. The Emergency Department physician would then advise EMS if the facility was capable or not. Sandy Young commented that this puts EMS in an awkward position. If the patient meets TFTC, but is alert and oriented and requests transport to a non-trauma hospital and the non-trauma hospital refuses to accept the patient, EMS is stuck with a patient who wants to be treated but has no where to go.

Dr. Sameer Abu-Samrah reiterated that if the patient is in a state of proper decision-making capacity, he/she has a right to choose. If EMS takes the patient to a hospital against his/her will, they will be challenged by the patient's bill of rights. EMS can advise the patient they called the requested hospital and the hospital stated they were unable to care for them and then give the patient the option of an alternate choice. Dr. Abu-Samrah, as the representative of the payor services, stated that in an emergency situation, the patient's insurance will pay 100% of the hospital costs, but only the eligible medical expenses for the professional or physician/provider component.

Rory Chetelat stated he is concerned about EMS being caught in a situation of having to "shop" for a hospital to accept the patient when there is a trauma system in place to address the patient's needs. Mr. Chetelat clarified that the Nevada Administrative Code states that if a patient meets the trauma field triage criteria, he/she must be transported to a trauma center. It also addresses that if a patient does not want to be transported to a trauma center, the patient must sign an AMA and EMS should notify the trauma center that the patient has refused transport. Ms. Britt noted that although the Health District has the ability to write their own regulations, they would like to maintain consistency with the statewide trauma plan.

EMS providers have stated that this situation rarely occurs and once they explain to the patient why he/she needs to be transported to a trauma center, the patient usually agrees to go to the trauma center. The Health District has also been advised by their attorney that he does not want to facilitate what may be a poor decision to transport a trauma patient to a non-trauma hospital when there are regulations in place that require transport to a trauma center.

Dr. Abu-Samrah made a motion that if a patient meets TFTC and is competent to make his/her own decision and refuses transport to a trauma center, EMS will transport the patient to his/her hospital of choice and the hospital will either provide the care for that patient or make the necessary arrangements to have care provided. Dr. Homansky also added to the motion that EMS providers will be required to submit these cases to the Office of EMSTS for review. The motion was seconded and passed unanimously.

B. Discussion of Applications for Initial and Renewal Authorization as a Center for the Treatment of Trauma

Ms. Britt noted that the motion from last month to add the "Adult Trauma Centers Treating Injured Children" level to the applications was rescinded, so both applications will list only five levels of trauma centers: Level I, II, III, Pediatric Level I, II.

C. Discussion of American College of Surgeons Pediatric Trauma Center Criteria

Dr. John Fildes reported that the American College of Surgeons (ACS) offers five certificates for trauma centers: Level I, Level II, Level III, Pediatric Level I and Pediatric Level II. The possible combinations would include: Level I and Pediatric Level I or II; Level II and Pediatric Level I or II; or Level III. Level I, II and III trauma centers should be able to treat males and females of all ages. If the trauma center treats more than 100 children a year, ACS has additional requirements that must be completed. A Pediatric Level I is generally a center that operates as a fully dedicated children's hospital. There are probably only 20 facilities in the U.S. that qualify as a Pediatric Level I trauma center.

The handout from the most recent edition of the "Resources for Optimal Care of the Injured Patient" listed all of the pediatric requirements for adult/pediatric trauma centers in a Level I or II facility. Some of the differences between a Level I or II designation would be that the pediatric medical director must be a pediatric surgeon in a Level I, but it is only desired in a Level II. There must be two board certified/board eligible pediatric surgeons in a Level I, but only one board certified/board eligible pediatric surgeon in a Level II. The pediatric trauma program manager and trauma registrar are stand alone positions in a Level I, but these positions can be blended in a Level II facility as long as one can show that 10-20% of the job description deals with the pediatric patient population. Pediatric trauma research is required at Level I, but is only desirable at Level II. There must be a minimum of 200 trauma admissions of children under 15 years of age in a Level I, but only a minimum amount of 100 in a Level II.

D. Discussion of University Medical Center's (UMC) Application for Renewal of Authorization as a Center for the Treatment of Trauma

UMC submitted their Application for Renewal of Authorization as a Center for the Treatment of Trauma. Ms. Britt reported that UMC has submitted their trauma data to the Health District and State Trauma Registry in a timely manner and has complied with the EMSTS and State Health Division's Regulations. UMC has also actively participated in the RTAB and Trauma Performance Improvement activities and has documented their commitment to continue to provide trauma services.

Ms. Britt commended the Board for their active participation. There has been at least one person from each of the trauma centers present at every single meeting.

Dr. Metzler made a motion to approve UMC's Application for Renewal of Authorization as a Center for the Treatment of Trauma. The motion was seconded and passed unanimously.

E. Discussion of St. Rose-Siena's Application for Renewal of Authorization as a Center for the Treatment of Trauma

St. Rose-Siena submitted their Application for Renewal of Authorization as a Center for the Treatment of Trauma. Ms. Britt reported that St. Rose-Siena has submitted their trauma data to the Health District and State Trauma Registry in a timely manner and has complied with the EMSTS and State Health Division's Regulations. St. Rose-Siena has also actively participated in the RTAB and Trauma Performance Improvement activities and has documented their commitment to continue to provide trauma services.

Dr. Abu-Samrah made a motion to approve St. Rose-Siena's Application for Renewal of Authorization as a Center for the Treatment of Trauma. The motion was seconded and passed unanimously.

Ms. Britt mentioned that she will be presenting both applications to the Board of Health for their endorsement on Thursday, July 26 at 9:00 a.m. She asked that there be a representative from UMC and St. Rose-Siena present at the meeting to answer any questions that the Board may have.

Ms. Britt stated that a local fee has not been established for these applications; however a fee has been addressed in the Trauma Regulations. She has spoken to the State Health Division and they are currently revising their regulations and will be reassessing their fees. The State Health Division does recognize that the RTAB is doing a lot of the front end work so they are willing to share the fees with Clark County. When they reduce their fees, the Health District will then initiate a local fee.

Dr. Fildes added that currently the fees required by the State for hospitals applying for designation or re-designation (every 3 years) at Level 1 or 2 is $12,500 and $3,000 for Level 3. Hospitals applying for designation or re-designation as a pediatric center must pay $25,000. Dr. Fildes also noted that operating a trauma system is an expensive proposition but only a small percentage of the cost should be covered by fees, the rest should come from the tax base to support this safety net service for injury care.

The Board voiced their concerns regarding the high State fees and the fact that the State is unable to provide justification for such fees. Mr. Chetelat stated that the EMSTS office will continue to discuss this matter with the State.

F. Review of Trauma Transport Data

The April 2007 and May 2007 Trauma Transport Data reports were reviewed along with the Analysis for 2006 and up to May 2007.

Dr. Fildes noted that 2/3 of patients are discharged from trauma centers and the total system volume looks reasonably flat. He also mentioned that the numbers for the pediatric population (under 15 years old with diagnosis or external cause code that would indicate injury or trauma) are going up but they are not showing up at trauma centers. Children may have an isolated extremity fracture and be treated at any hospital, but the data would only be included in the UB 92 data set if they were admitted.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Update on Status of SB 228 Relating to Access, Sharing and Confidentiality of Certain Information by Various Medical Review Committees

Ms. Britt advised that SB 228 passed and was signed by the Governor.

B. Report on Western States Trauma Leadership Meeting

Ms. Britt attended the Western States Trauma Leadership meeting in Park City, Utah June 10-12. The attendees were from the State EMS and Trauma offices from Alaska, Idaho, Montana, Nevada, Oregon, Utah, Washington State, and Wyoming. Some of the discussions included the National EMS Information System and how it's going to interface with the National Trauma Data Bank, the IOM report with regard to the status of emergency and trauma care particularly the challenges faced by the frontier and rural communities and the recent changes to the criteria for trauma centers.

Ms. Britt informed the Board that the Health District was awarded the Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) grant from the CDC. It will provide $70,000

a year to help develop assessment tools for the trauma system. Mr. Chetelat stated that the grant will be effective September 1, 2007.

Ms. Britt also added that the EMSTS office received 18 nominations for the 6 seats that were up for re-appointment and that Dr. Lawrence Sands is giving serious consideration to the decision. The EMSTS office will be mailing out the appointment letters once the decision has been made.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

V. 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 3:35 p.m.