



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

July 18, 2007 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman	Jay Coates, DO, University Medical Center (Alt.)
Brian Rogers, MedicWest Ambulance	Erin Breen, Safe Community Partnership (Alt.)
Susan Hilger, General Public Representative (Alt.)	Kevin Stockton, Centennial Hills
John Recicar, RN, University Medical Center	Kim Dokken, RN, St. Rose Hospital
Sameer Abu-Samrah, MD, Sierra Health & Life	Sean Dort, MD, St. Rose Hospital
Michael Metzler, MD, Sunrise Hospital	Jo Ellen Hannom, RN, Clark County Fire Dept.

MEMBERS ABSENT

Allen Marino, MD, MAB Chairman	John Fildes, MD, University Medical Center
Melinda Hursh, RN, Sunrise Hospital	Robert Bursey, General Public Representative
Deborah Kreun, ThinkFirst-NV	

SNHD STAFF PRESENT

Moana Hanawahine-Yamamoto, Recording Secretary	Rory Chetelat, EMS & Trauma System Manager
John Hammond, EMS Field Representative	Michael Bernstein, CDPHP

PUBLIC ATTENDANCE

Patty Holden, Sunrise Hospital	Sandy Young, RN, Clark County Fire Dept
Dollie Guastella, SNHD Intern	Larry Johnson, MedicWest Ambulance
Ron Tucker, MedicWest Ambulance	Vinay Menon
Teresa Conley, St Rose Hospital	Bobette Bond, Culinary Union

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, July 18, 2007. Chairman Mary Ellen Britt called the meeting to order at 2:30 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 June 20, 2007

Chairman Britt asked for approval of the minutes of the June 20, 2007 meeting. Kim Dokken stated that the reference of a trauma center treating more than 150 children a year within the discussion of the American College of Surgeons Pediatric Trauma Center Criteria should be changed to 100 children. A motion to accept the minutes with this revision was made, seconded and passed unanimously.

Dr. Michael Metzler commented that the designation fee for a pediatric trauma center from the Nevada State Health Division may be one of the highest fees in the nation which should generate further discussion by the RTAB.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Welcome and Introduction of New Members

Mary Ellen Britt explained that the new term for the appointed members on the Regional Trauma Advisory Board began on July 1, 2007 and will continue until June 30, 2008. All of the members were introduced and the positions they represent were noted.

Non-standing Members

Brian Rogers, Representative for the private franchised providers

Dr. Sameer Abu-Samrah, Representative for the payors of medical benefits

Bobette Bond, Alternate for Dr. Abu-Samrah

Deborah Kreun, Representative for health education and prevention services

Erin Breen, Alternate for Ms. Kreun

Jo Ellen Hannom, Representative for the public providers

Sandy Young, Alternate for Ms. Hannom

Kevin Stockton, Administrator from a non-trauma hospital

Sajit Pullarkat, Alternate for Mr. Stockton

Robert Bursey, General public representative

Susan Hilger, Alternate for Mr. Bursey

Standing Members

Dr. Sean Dort, Trauma Medical Director for St. Rose-Siena

Kim Dokken, Trauma Program Manager for St. Rose- Siena

Dr. Michael Metzler, Trauma Medical Director for Sunrise Hospital

Melinda Hursh, Trauma Program Manager for Sunrise Hospital

Dr. John Fildes, Trauma Medical Director for University Medical Center

Dr. Jay Coates, Alternate for Dr. Fildes

John Recicar, Trauma Program Manager for University Medical Center

Dr. Allen Marino, Medical Advisory Board Chairman

B. Election of Chairman

Ms. Dokken made a motion to re-nominate Mary Ellen Britt as the Chairperson of the RTAB. The motion was seconded and passed unanimously.

C. Discussion of Trauma Field Triage Criteria Protocol Regarding Patients' Choice for Transport Destination

Ms. Britt noted that at the June meeting there was a motion made to allow patients who meet trauma field triage criteria an alternate choice if they refused transport to a trauma center. After further discussion within the Office of Emergency Medical Services and Trauma System (OEMSTS), the office has requested a legal opinion from the Health District's attorney and is waiting for a response. Once a legal opinion has been received, the item will be brought back to the RTAB for further discussion.

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

Currently, Southern Nevada does not have a designated pediatric trauma center. The closest verified pediatric trauma center is the Children's Hospital of Los Angeles located in Southern California. Mr. Recicar stated that University Medical Center (UMC) is seeking designation as a level 2 pediatric trauma center because it possesses all of the required elements, is providing the expected level of care and is committed to both the pediatric patients and the community from pre-hospital care through rehabilitation.

UMC offers a dedicated Pediatric Emergency Department with 21 beds, a Pediatric Intensive Care Unit with 14 beds and 29 Pediatric Medical/Surgical beds. The Trauma Resuscitation Unit also has 2 dedicated beds for initial resuscitation and can care for Pediatric patients in any of the units 11 beds. UMC is 13th in the country for pediatric volume according to the National Trauma Data Bank data from 2001-2005. UMC has physicians trained and highly experienced in all aspects of pediatric medicine and the necessary ancillary services.

UMC is a founding member and sustained stakeholder in the Nevada EMS for Children program and collaborates in prevention efforts with community organizations. UMC is working to create new pediatric trauma resources in the community including development of a pediatric trauma research agenda to produce new knowledge applicable to the care of injured pediatric patients. UMC will continue to serve the catchment area currently assigned and is not requesting patients less than 15 years of age from any other catchment areas.

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

Ms. Britt noted that UMC's application will be presented to the Board of Health on August 23, 2007 for endorsement and if approved a letter of authorization will be sent to the State Health Division to move forward in the designation process. UMC has scheduled an American College of Surgeons review in October.

E. Review of Trauma Transport Data

The May 2007 and June 2007 Trauma Transport Data reports were reviewed along with the Analysis for February 2005 and up to June 2007.

Ms. Britt explained that the Board wanted to track when EMS transports occurred outside of their catchment areas and the Board felt comfortable with the Out of Areas (OOA) at 5%; however, the OOA for June has jumped to 7.1%. There could be various reasons like time of day and traffic conditions to explain why this occurred.

Dr. Joseph Heck suggested that a specific geographic distance outside of the catchment area be chosen and then, track all of the OOA's to see if they are occurring right on the boundary or further away. Most of the OOA's are justified but this analysis will help to identify potential problems.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Announcement of US Department of Health & Human Services Healthcare Facilities Partnership Program Competitive Grant

Dr. Metzler explained that this grant involves regional partnerships which must include at least one trauma center to improve surge capacity and enhance community and hospital preparedness for public health emergencies. The money from this grant could be used to pilot a base station concept for medical control of prehospital care. Dr. Joseph Heck suggested that the pilot be

limited to a patient subset like trauma transports which consists of 20-25 trauma transports in a 24-hour period.

Many hospitals are reluctant when there is an interest to move toward a base station system because they worry about who has control of patient traffic and the potential of losing patients. Sandy Young mentioned that Las Vegas Fire & Rescue has had discussions regarding this concept and the possibility of housing the base station in the Fire Alarm Office (FAO). Dr. Heck felt that having the base station in the FAO would alleviate any hospital concerns. Mr. Rory Chetelat also added that most patients are transported to their hospital of choice in a base station system. The base station system just monitors patient traffic and improves communication with EMS when hospitals are saturated.

The OEMSTS in cooperation with the Office of Public Health Preparedness (OPHP) will write the grant application; however, letters of support from the hospitals will be needed. Mr. Stockton felt that it would be best to solicit support from all of the hospitals through email and fax since the deadline for the application is August 6, 2007. Dr. Heck added that this grant provides the opportunity of integrating capabilities and resources while preparing for continuity of operations.

Ms. Britt stated that the OEMSTS will be meeting with OPHP to begin putting the application together and asked for everyone's contribution since there is such a short timeline.

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 3:04 p.m.