



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

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

MEMBERS PRESENT

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| Mary Ellen Britt, RN, Chairman | Robert Bursey, General Public Representative |
| John Fildes, MD, University Medical Center | Melinda Hursh, RN, Sunrise Hospital |
| Kevin Stockton, Centennial Hills | Jo Ellen Hannom, RN, Clark County Fire Dept. |
| Deborah Kreun, ThinkFirst-NV | John Recicar, RN, University Medical Center |
| Michael Metzler, MD, Sunrise Hospital | Kim Dokken, RN, St. Rose Hospital |
| Sean Dort, MD, St. Rose Hospital | Brian Rogers, MedicWest Ambulance |
| Sameer Abu-Samrah, MD, Sierra Health & Life | Allen Marino, MD, MAB Chairman |

SNHD STAFF PRESENT

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| Lan Lam, Recording Secretary | Rory Chetelat, EMS & Trauma System Manager |
| Joseph J. Heck, D.O., Operational Medical Director | |

PUBLIC ATTENDANCE

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| Ron Tucker, EMT-P, MedicWest Ambulance | Bob Valdez, Mercy Air |
| Shaya Moss, MedicWest Ambulance | Michael Whitehead, MedicWest Ambulance |
| Mike Bernstein, Health Educator | Melissa Moyer, Touro University 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, October 17, 2007. Chairman Mary Ellen Britt called the meeting to order at 2:33 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 September 19, 2007

Chairman Britt asked for approval of the minutes of the September 19, 2007 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Proposed Changes to the Trauma Overload/Internal Disaster Review Procedure

Ms. Britt reported that a suggestion was made to insert another step in the trauma overload/internal disaster review by the trauma program managers. Currently, when a trauma overload occurs, the required members are identified and the information about the trauma overload declaration is shared with those committee members. This current process does not allow the hospital that's made the declaration to be part of that discussion. Ms. Britt stated that she would like to bring that discussion to the Trauma Medical Advisory Committee (TMAC) for a discussion of the contributing issues and then report it back to the RTAB. The new language states that following the committee's review, a report will be presented at the next scheduled TMAC meeting to allow the declaring hospital the opportunity to participate in the review process. Dr. Fildes made a motion to support the new language as described. It was seconded and passed unanimously.

B. Discussion of Proposed Changes to Trauma Bypass Plan Section of Clark County Trauma System Plan

Ms. Britt recommended that revisions be made to the Trauma Bypass Plan due to some confusion regarding the typical conditions resulting in trauma overload as it varies by facility. "e. Other conditions which might compromise patient safety," was added for further clarification. She explained that the added language is institution specific due to the varying resources within each facility. If a facility feels that they are in an unsafe situation, they have the ability to declare a trauma overload which would result in a committee review by the TMAC and reported back to the RTAB. It was also suggested that the word "two" be deleted from # 2.b. when referring to the number of trauma centers in the system and that # 6. be changed to include the review of the trauma overload declaration at the TMAC followed by a report being given to the RTAB A motion was made to accept the added language. The motion was seconded and passed unanimously.

C. Review of Trauma Transport Data

Ms. Britt reported a slight drop in the percentage of out-of-area transports. In August, it was 7.2% and in September it dropped to 6.7%. The agencies have been submitting the requested information with regard to justification for why the out-of-area transports are occurring. Ms. Britt stated that the EMSTS office has collected 60 days worth of data and will continue the data collection process for another 30 days. She will report the findings back to the RTAB when the study is completed.

Ms. Britt also presented an overall transport trend chart depicting data from the beginning of 2006 through September 2007. Drs. Fildes and Abu-Samrah noted that the number of patients discharged from the receiving trauma centers is high. Dr. Abu-Samrah questioned whether the definition of trauma in the field needs to be reviewed or if an audit should be conducted. Dr. Fildes stated that through his observations the data does not change seasonally and the number of discharged patients remains high. He added that the CDC completed a multi-disciplinary study of EMS and medical providers of all disciplines to rewrite the field triage criteria which are enforced in most places. One of the anticipated outcomes for the new version was to decrease the number of patients who would be treated and discharged from trauma centers. Dr. Fildes suggested that another option would be to review whether or not the trauma field triage criteria are being applied with precision in the field. A third option would be to review the technology or new practices at the trauma centers that are allowing evaluations to be done so that patients can be discharged who may not have been in the past. Dr. Fildes noted that admission/observation is a widely used tool at non-trauma centers whereas expertise and ability to do limitless multi-slice scans at the trauma centers allows the total diagnostic to be completed in under an hour. Dr. Fildes also

noted that it is a requirement for hospitals to monitor over and under triage rates. He stated UMC's under triage rate is usually under 1% and over triage is fewer than 25%.

Melinda Hursh reported that Sunrise Hospital monitors both over and under triage 100% of the time. Ms. Hursh stated that Sunrise's over triage is about 25%. Under triage rates vary depending on the hospital's internal definition.

Dr. Abu-Samrah questioned why under triage varies institutionally when there's a national benchmark. Kim Dokken replied that it's based on the resources and level of response within an institution. Ms. Hursh explained that the hospitals try to match their definitions with other trauma programs across the country but institutionally there are varying definitions and degrees of how teams respond. Dr. Metzler stated that he doesn't believe this is an NRS criteria issue. Dr. Fildes concurred and stated he does not get a sense that there are any internal inconsistencies. He suggested that maybe a hospital's ability to treat patients and safely discharge them is changing, which may be a worthwhile topic to audit.

Ms. Hursh stated that the Trauma Medical Advisory Committee meets to talk about data and statistics. One of the goals for TMAC is to spend more time looking within the trauma centers to determine whether the definitions are being met. She noted that each month a gap is closed on differences in the definitions of how data is interpreted

D. Discussion of Cancelling November RTAB Meeting

Ms. Britt mentioned that there was previous discussion regarding the cancellation of the December RTAB meeting. The board previously agreed upon cancelling the December meeting. Ms. Britt pointed out that the November meeting is scheduled for the day before Thanksgiving and asked if the board would like to cancel the November meeting and meet in December instead. A motion was made to cancel the November meeting and schedule the next meeting for December 19th. The motion was seconded and passed with one member opposed.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Discussion of Proposed Changes to State Regulations for Centers for the Treatment of Trauma

Ms. Britt reported that a change to State Regulations for the Treatment of Trauma was identified based on workshops done through the State EMS Office. Clarifying language was added to section 450B.828 but the intent will remain the same. The proposed regulations will be presented at the December State Board of Health meeting where there will be an opportunity for public input.

B. Report from Southern Nevada Injury Prevention Partnership (SNIPP)

Debra Kreun gave a report on a recent SNIPP meeting. She mentioned that she had the opportunity to meet with some of the agency representatives within the community and received positive feedback regarding the prevention efforts that are being represented by the RTAB. The next meeting is scheduled for January 2008.

Mike Bernstein reported that a map and website of injury prevention efforts for Southern Nevada may be developed. He stated that the website will give a more complete picture of injury problems in the state of Nevada. As a result, it may help with funding for prevention efforts in the future.

C. Report on Terrorism Injuries: Information, Dissemination and Exchange Grant

Ms. Britt reported that the TIIDE Grant was funded September 1st. They are currently in the preliminary stages of identifying data sources that are available and will use the data to answer some questions regarding the trauma system. The first meeting with the CDC will

take place the first week in December. Ms. Britt will provide periodic updates on the progress of the grant activities.

Dr. Fildes asked Ms. Britt to give examples of where the data would be coming from. Ms. Britt mentioned that she is currently looking at First Watch data. This computer aided dispatch data shows the number of trauma calls that occur, along with the location. Ms. Britt mentioned that ideally in the future, she would like to see the Roam IT electronic patient care report linked with the UB 92 data. There are several data sources being reviewed to see which may have the greatest value.

Dr. Abu-Samrah asked Ms. Britt if there is a definition of what is considered to be a terrorism injury. Ms. Britt stated that the grant focuses on mass casualty incidents from an all hazards approach. The goal is the preparation of the trauma system to manage a large number of patients regardless of the cause of their injuries.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Brian Rogers presented an incident involving multiple victims from a motor vehicle crash. There was some difficulty in communicating with hospitals regarding the number and type of patients to be transported. After much discussion, it was decided that the medics on scene would call in to the hospitals identifying their incident location and categorize the patients by the triage tag color coding system so that the hospitals would be able to communicate how many of each color they would be able to take.

Ms. Dokken mentioned that she spoke with Fergus Laughridge recently regarding the hiring of a State Trauma Coordinator. Ms. Dokken feels that it is important to fill this position because the bulk of the data goes to the State. Mr. Laughridge informed Ms. Dokken that the position was proposed earlier, but was cut out of the budget. He noted that a recommendation from the RTAB may help to support the position. Ms. Britt stated that the item could be added to the agenda as an action item for the December meeting.

V. ADJOURNMENT

As there was no further business, Chairman Britt called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:26 p.m.