



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

February 20, 2008 - 2:30 P.M.

MEMBERS PRESENT

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

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager	John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary	Mike Bernstein, SNHD Health Educator

PUBLIC ATTENDANCE

Syd Selitzky, EMT-P, Henderson Fire Dept	Ron Tucker, EMT-P, MedicWest
Joseph Melchiode, MountainView Hospital	Troy Tuke, EMT-P, 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, February 20, 2008. Chairman Mary Ellen Britt called the meeting to order at 2:35 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 January 16, 2008

Chairman Britt asked for approval of the minutes of the January 16, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Sunrise Hospital & Medical Center's Application for Renewal of Authorization as Level II Center for the Treatment of Trauma

Dr. Michael Metzler reported that Sunrise Hospital & Medical Center submitted their Application for Renewal of Authorization as a Center for the Treatment of Trauma to the Office of Emergency Medical Services & Trauma System (OEMSTS).

Ms. Britt noted the Sunrise application will be presented to the Southern Nevada District Board of Health on March 27, 2008 for endorsement and if approved a letter will be sent to the State Health Division authorizing Sunrise to move forward in the designation process.

A motion was made to approve the Sunrise Application for Renewal of Authorization as a Level II Center for the Treatment of Trauma. The motion was seconded and passed unanimously.

B. Review of Mass Casualty Incident (MCI) of January 17, 2008

Troy Tuke stated that there was a bus rollover on I-15 between Jean and Stateline where 29 patients were transported. He reported that Brent Hall who was the EMS Supervisor on scene did an "all call" that alerted all the hospitals. Reports were given to the receiving facilities as patients left the scene and full telemetries were given as they got closer.

Dr. Sameer Abu-Samrah inquired if there was triaging in the field. Mr. Tuke replied in the affirmative and stated that the Valley EMS Chiefs are working county-wide to develop a solid framework for these types of incidents. One of the ideas is to designate a month and have trauma patients be assigned triage tags to help the EMS crews become more familiar with their use and to make hospital personnel more accustomed to seeing them.

Mr. Tuke mentioned that there will be a multi-agency drill that everyone is welcome to attend on Saturday, March 29th with 30 to 40 patients at El Dorado High School from 10:00am to 1:00pm.

Ron Tucker added that in April there will be a train-the-trainer luncheon for the Smart Triage System that will examine the intricacies of the system. He added that there is a pediatric component and a unique death tag. If anyone is interested, please contact him for the exact date and location of the training.

Ms. Melinda Hursh asked if there was anything from the trauma center perspective that could have been done better or have been more beneficial in regards to the MCI.

Mr. John Recicar stated that UMC did run into a problem with the "all call". When the radio was set to "all call" they were unable to receive or monitor any other incoming calls because the radio does not scan back and forth. He stated he put in a request to Chief Myers at Las Vegas Fire & Rescue and they are looking at getting UMC a second 800 MHz base station so they can have the ability to keep one radio on "all call" and still have the ability to keep one on the UMC channel for other calls.

Dr. John Fildes stated that the solution can't be in one location, it needs to be uniform across the system.

Mr. Brian Rogers felt that the better solution is to find a way to have the radio scan so even if there are multiple incidents you can make a certain channel primary and scan the others.

Ms. Britt stated she will follow up with Chief Mike Myers and see what the options are and as soon as the information is available it will be shared with everyone.

C. Discussion of Revisions to Clark County Trauma System Regulations

Ms. Britt presented a revised draft of the first half of the regulations for consideration by the Board. The remaining sections will be presented next month moving toward approving the entire document.

- Pediatric Center for the Treatment of Trauma

It was decided to include the “Pediatric Center for the Treatment of Trauma” language throughout the document since it was defined separately in the State regulations and by the American College of Surgeons. Ms. Britt asked the Board to review the proposed definition of and they agreed with the language.

A global housekeeping change was made to add “or Pediatric Center for the Treatment of Trauma” wherever “Center for the Treatment of Trauma” appeared in the document, if appropriate.

- 100.100 “Receiving Hospital”

Added “as defined in NAC 450B.810” to bring language into alignment with the State’s definition of a receiving hospital.

- 200.250 Trauma Patient Refusing Transport

Added a new section which addresses the issue of whether or not a trauma patient has the right to refuse transport to a trauma center. In the past we have referred to the language in the Nevada Administrative Code (NAC) and it was thought best to include it in our own regulations. This is the enabling language that allowed us to develop the trauma patient destination guidelines in the EMS protocols that have been previously review by the RTAB and approved by the MAB.

Dr. Marino questioned whether the Release of Medical Assistance form should be revised indicating such refusal to trauma hospital “x” but will accept transport to another facility. Mr. Rory Chetelat advised that the language was already added to the form.

- 300.000 Process for Authorization

Subsection I.A.: Added language to the broad overview of how the RTAB will evaluate the system in determining a demonstrated need for additional trauma services.

Subsection V.: It was agreed that any new hospital coming into the system would come in through a graduated process where there initial authorization would be granted at a Level III only. The added language clarifies what is expected of new centers coming into the system and the requirements for renewal of authorization as a trauma center.

Ms. Britt asked the Board to review this document for any additional recommendations and stated the second part of the regulations will be reviewed at the March meeting. Upon their endorsement by the RTAB, the revised regulations will be presented to the Board of Health the following month.

D. Review of Trauma Transport Data

Ms. Britt reported that the January out-of-area transports dropped to 5.3% and that overall the volume was lower in the system. Dr. Fildes commented that some stakeholders in the community feel the reduction in the number of trauma patients is due in part to more coordinated prevention efforts, but also a higher visibility of law enforcement. Funding for these activities in the past two years has actually been greater then any of the other preceding years.

Ms. Britt explained that the annual trauma transport graphs were broken out into two different time frames and therefore a change in the trend lines was noted. In the previous graph covering 2006 - 2008, the trend lines for Sunrise and St. Rose appeared fairly flat. In looking at the 2007 - 2008 graph, the trend lines show an increase in the St. Rose numbers and a slight decrease in the numbers at Sunrise.

There was some discussion regarding trauma field triage criteria patient disposition data and the percentages of patients discharged versus those admitted. Dr. Fildes stated that the national trauma data standard is that if the patient is discharged from the emergency department the process indicator is where they go next. "Discharged" means they went home. "Admitted" means they went to a non-critical care bed, "OR" means they went to the operating room for surgical intervention; "ICU" means they went to a critical care bed.

Dr. Abu-Samrah commented that the higher the mechanism designation the higher the discharges.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report on Southern Nevada Injury Prevention Partnership (SNIPP)

Deborah Kreun gave a report on the January 31, 2008 SNIPP meeting. She mentioned that 25 people representing 10 agencies, including 8 nursing students from UNLV School of Nursing, were in attendance. Joseph Greenway, Director of the UNLV Center for Health Information Analysis, did a presentation on the work his department is doing on injury statistics that are currently being captured. He explained what information is available and how to access it. Representatives from the Youth Fire-Setting Intervention Program at Henderson Fire Department and the Nevada Strategic Highway Safety Plan Committee did brief presentations about their programs. Mike Bernstein reported on the State Injury Prevention Task Force and would like to look again at establishing a State Injury Control Research Center which would have a huge impact in Nevada.

Mr. Bernstein advised the Board that he developed a contact list for members of SNIPP which has been sent out. He also discussed Mr. Greenway's presentation on AB146 which as of last January was supposed to start collecting inpatient, outpatient and emergency room discharge data but has been delayed due to funding. Currently, there are meetings going on at the State level for another possible funding source to begin that process. The emergency department data will provide a large amount of information, not just for injury prevention.

Dr. Fildes asked if this group has plans on developing a web presence. Mr. Bernstein suggested linking with the Health District's web site or through the Get Healthy Clark County Injury Prevention site.

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

Ms. Britt reported that the focus of the first year grant activities is primarily data collection. Some preliminary analysis of the Las Vegas Fire & Rescue data as it relates to trauma transports using the First Watch data has been done. The First Watch data is gathered from the computer-aided dispatch database. The ROAM IT project has hit a few obstacles, so American Medical Response (AMR) and MedicWest Ambulance have made the commitment to move to a product called Quicnet. The two-sided bubble form is used in conjunction with a traditional patient care report. The bubble forms are scanned and the information can be stored in a database. She reviewed it with regard to the trauma data captured and it does address several issues we have discussed previously; such as: whether the patient met trauma field triage criteria, specific trauma criteria met, injury site and type, safety devices, location of the incident and the incident type. These are just some of the important fundamental pieces of information that can be gathered. The Quicnet system is inexpensive and will allow the users to do a comparison study between their agency and other agencies around the country. The data collected on the bubble form and through the computer-aided dispatch (CAD) system gets them close to National EMS Information System (NEMIS) silver compliance level. Dr. Marino added that the system will be in place by April 1, 2008.

Ms. Britt stated that one of the other elements of our data collection is the Trauma Field Triage Criteria (TFTC) data which is reported each month. A new spreadsheet has been created and data collection began in February. The OEMSTS is planning to go back and

input the January data that the trauma centers have already provided so that there will be a complete twelve months of data for 2008 using the new spreadsheet. The second phase will be to add mapping software for address validation and to create maps to identify where the calls are originating.

She received an update from Andrea Rivers with the State Trauma Registry and they are still testing their new software. The 2006 data is available, but the 2007 data has not been entered yet awaiting the validation of the new software. They are also planning a web component for the non-trauma hospitals to encourage them to contribute information to the trauma registry. Next month Ms. Britt will provide an update on the TIIDE partners and what they are doing at the national level.

C. Trauma System Presentation – John Fildes, MD

Dr. Fildes started off the presentation by stating his role as National Chairman of the American College of Surgeons Committee on Trauma (ACS COT), he was considered a stakeholder for a meeting that was sponsored by the American Trauma Society (ATS), but funded by the CDC to look at trauma systems. The American College of Emergency Physicians (ACEP) was also represented at the meeting. The presentation was given by Dr. Ellen MacKenzie who is currently the Dean of the School of Public Health at Johns Hopkins and is also the president elect of the ATS.

The focus was to look at trauma systems because in the wake of the HRSA Trauma / EMS Program termination which closed their offices down two years ago, there have been no efforts to monitor the progress in trauma system development or maturity in the United States. Without any federal oversight and funding to develop or standardize trauma systems, the CDC and other groups feel the need to reach consensus on a metric. The overall project goal is to develop metrics for tracking progress in trauma system development and use this metric to develop a Trauma Systems Report Card. The Model Trauma System Planning and Evaluation document (MTSPE) that came from HRSA and then finished by the ACS has been published and several states have used the benchmarks, indicators, and scores (BIS) framework contained within to conduct self-assessments of their trauma systems which is a useful tool for a system to go through every couple of years.

He encouraged everyone to go online at www.amtrauma.org/tiep which is an interactive mapping program that allows you to go all the way to the county level to draw up population densities and center locations for planning.

Dr. Fildes ended the presentation by stating that our system is probably as far along in the development process as they are at the federal level, and if we continue to use the available guidance we will arrive at a satisfactory product with our trauma system making the citizens of Southern Nevada proud.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Marino advised the Board that this was Brian Rogers last RTAB meeting in this capacity. He will be starting employment with Henderson Fire as their EMS Education Coordinator.

Ms. Britt reported that Dr. Metzler attended the EMS QI Directors meeting at the beginning of February and opened dialog with our EMS QI Directors in hopes of creating a link between EMS & the Trauma System with regard to quality assurance activities. As a result of that discussion, there was a decision made to do community-wide EMS educational opportunity with a case review of a very interesting incident that occurred at the Las Vegas Motor Speedway. The patient was transported to UMC. During the case review, the prehospital component will be presented and then expand the discussion to include the trauma center phase.

It has been proposed that the case review be held on the same day as the Medical Advisory Board (MAB) meeting at the Health District.

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 3:58 p.m.