



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

REGIONAL TRAUMA ADVISORY BOARD

March 19, 2008 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
John Fildes, MD, University Medical Center
Sameer Abu-Samrah, MD, Sierra Health & Life
Kim Dokken, RN, St. Rose Hospital
Larry Johnson, EMT-P, MedicWest (Alt.)
Erin Breen, UNLV (Alt.)

Michael Metzler, M.D., Sunrise Hospital
Allen Marino, MD, MAB Chairman
Sean Dort, MD, St. Rose Hospital
Sandy Young, RN, Las Vegas Fire & Rescue (Alt.)
Melinda Hursh, RN, Sunrise Hospital
John Recicar, RN, University Medical Center

MEMBERS ABSENT

Kevin Stockton, Centennial Hills Hospital
Deborah Kreun, ThinkFirst-NV
Jo Ellen Hannom, RN, Clark County Fire Dept

Robert Bursey, General Public Representative
E. P. Homansky, MD, AMR-Las Vegas

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager

Moana Hanawahine-Yamamoto, Recording Sec.

PUBLIC ATTENDANCE

Dan Musgrove, M/A Com
Chief Mike Myers, Las Vegas Fire & Rescue
Bob Valdez, Mercy Air Service, Inc.
Leslie Denton, DO, UNSOM ER
Brian Rogers, EMT-P, Henderson Fire Dept

Ron Tucker, EMT-P, MedicWest
Patty Holden, Sunrise Hospital
Robert Byrd, EMT-P, AMR-Las Vegas
Tiffany Simpkin, MountainView 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, March 19, 2008. Chairman Mary Ellen Britt called the meeting to order at 2:32 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 February 20, 2008

Chairman Britt asked for approval of the minutes of the February 20, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Draft Clark County Trauma System Regulations

Ms. Britt reiterated that the committee had reviewed changes to the Regulations through Section 300.200 at the last meeting but noted that a Table of Contents had been added.

There was also a housekeeping change to add “or Pediatric Center for the Treatment of Trauma” where “Center for the Treatment of Trauma” appeared. This change was done throughout the entire document.

In Section 300.500, the references to NAC 450B.834 and NAC 450B.836 were added.

Ms. Britt advised that in Section 400.000 there were inconsistencies in spelling out Regional Trauma Advisory Board and using the abbreviation of RTAB; therefore there was a housekeeping change to keep consistency throughout the section. In Section 400.000 VII D., the verbiage “EMS/trauma data collected and” was added to reflect the work that trauma centers do when looking at system performance.

Section 500.000 is a new section. Ms. Britt explained that the roles and responsibilities of the Trauma Medical Audit Committee had been created and previously approved by the Board as a procedure; however, the Office of Emergency Medical Services and Trauma System felt it would be more appropriate to have this verbiage in the Regulations. Kim Dokken suggested that the term Trauma Nurse Coordinator in Section 500.000 be changed to Trauma Program Manager.

A motion was made, seconded and passed unanimously to accept the above revisions as well as the revisions made at the February 20, 2008 RTAB meeting to the Clark County Trauma System Regulations.

Ms. Britt stated that the Regulations will be taken to the April 24, 2008 Board of Health meeting for their adoption.

Dr. Michael Metzler commented that the Nevada State Health Division does not have a clear policy or procedure for designation of hospitals as Centers for the Treatment of Trauma.

B. Discussion of 800 MHz Radio Options for Trauma Centers

Chief Mike Myers advised that Mass Casualty Incidents (MCI) were anticipated when the 800 Mhz radio system was designed; however, due to the infrequency of MCI events in Clark County, it was thought that field crews would be able to use their cellular phones during these incidents, if they were unable to reach a hospital by radio.

There are two channels on the 800 MHz radio. Channel one is the hospital’s channel to communicate with the transporting agency and channel two is the “all hospital” channel. When the hospital communicates on channel two, they are speaking to all hospitals and field crews.

Chief Myers explained that the trauma centers have two options when using their 800 Mhz radio. The first option is to keep their radio on scan so they can hear communications on both channels; however, the channel will lock when a communication is coming in and will last for the duration of the discussion so the hospital will not be able to hear the other channel at all. He also mentioned that option one will require the hospital to be more aware of the channel when responding to a communication because when a radio is on scan, it will continue to flip between both channels depending upon communication traffic.

The second option is to have the hospitals purchase a second radio so that they can keep one radio dedicated to channel one and the other radio dedicated to channel two. The hospitals would be responsible for the expense of the additional radio as well as the cost for upkeep.

Dr. Metzler asked if it would be possible to purchase a portable radio that had a port for an external antenna. Chief Myers advised that a portable radio is available; however, the hospital will need to consider issues like lost equipment, upkeep and weaker connectivity. John Recicar added that University Medical Center (UMC) Trauma used portable radios for one day but due to problems with reception, they decided to purchase a second base station radio.

If the hospitals would like to purchase a second radio, they can get Chief Myers contact number from Ms. Britt and he will have someone call them with the information.

C. Review of Trauma Transport Data

Ms. Britt reported that the February out-of-area transports were 6.1% and that overall the volume increased by 60 patients. Dr. John Fildes noted that UMC was a little concerned because based on their busiest month, their volume was less 200 patients.

Erin Breen gave an update on Nevada highway safety. Traffic fatalities are dramatically down. The Nevada Strategic Highway Safety Plan was rolled out and the five critical strategies are enforcement, education, EMS, engineering and data systems. Seat belt enforcement, DUI checkpoints, pedestrian safety and data analysis are all included in these strategies. Ms. Breen noted that the media has really helped get this message out to the community and Dr. Sameer Abu-Samrah stated that there has been an increased presence of troopers on the freeways as well.

Ms. Breen also added that the Transportation Research Center at UNLV will be doing a survey on child passenger safety compliance this year.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Report on Terrorism Injuries: Information, Dissemination and Exchange Partners

TIIDE will be having their mid-year meeting on April 2, 2008 in San Francisco, CA. Ms. Britt shared a little about the other TIIDE partner's program goals.

American Medical Association

- Convene an Emergency Care Leadership Summit to examine the U.S. disaster medicine system & promote Improving Health System Preparedness for Terrorism and Mass Casualty Events agenda
- Identify minimum data elements for monitoring and detecting injuries from terrorism

American Trauma Society

- Develop Bomb Blast Injury Fact Sheets (Clinical Primers)
- Develop Blast Injury Treatment Alert Network: using Trauma Information and Exchange Program database to distribute clinical facts sheets related to treatment of blast and crush injuries

American College of Emergency Physicians

- Conduct assessment of 18 U.S. cities & 1 territory to enhance healthcare system preparedness
- Update Community Medical Disaster Planning & Evaluation Guide
- Conduct Death Notification Project
- Update Bombings: Injury Patterns and Care curriculum

National Association of EMS Physicians (NAEMSP)

- Promote adoption of SALT (Sort – Assess – Life Saving Interventions – Treatment/Transport) Triage Scheme
- Revise criteria for Model Communities Recognition Program

NAEMSP would like there to be a universal triage scheme in the U.S. There are still a few organizations that holding their final approval until a field test is performed and/or a position paper is published.

National Association of County & City Health Officials

- Provide emergency preparedness education & training to public health practitioners
- Disseminate information regarding mass casualty care resources and best practices

Southern Nevada Health District

- Assess current trauma care resources & plan for future needs
- Link data sources & share the data to assist in the revision & coordination of existing emergency management plans
- Strengthen daily operation of the EMS & Trauma System and identify strategies to adapt daily operations to manage a large influx of injured patients

Dr. John Fildes reported that after the recruiting booth in Times Square, NY was bombed, handheld devices and fax machines were utilized to receive treatment algorithms for blast victims. They are in the process of debriefing for this incident and once that is completed, we will be able to learn if that method was helpful.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Fildes would like to have a meeting with the RTAB members and their counter parts from Arizona, Southeastern California and Utah. Many patients move across stateliness and therefore, trauma system issues may extend outside of Clark County as well. Ms. Britt advised that the office will research this information. She also noted that the Board is still trying to set a date to for a statewide trauma meeting. Fergus Laughridge, State EMS Manager, is willing to travel to Las Vegas. Ms. Britt stated OTS has funding that they are willing to share with the State EMS office and therefore, they are considering the State Trauma Coordinator position.

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 3:09 p.m.