



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

June 18, 2008 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
John Fildes, MD, University Medical Center
Sean Dort, MD, St. Rose Hospital
Chad Henry, EMT-P, MedicWest (Alt.)
Melinda Hursh, RN, Sunrise Hospital

Robert Bursey, General Public Representative
Allen Marino, MD, MAB Chairman
Kim Dokken, RN, St. Rose Hospital
Sameer Abu-Samrah, MD, Sierra Health & Life
Jo Ellen Hannom, RN, Clark County Fire Dept

MEMBERS ABSENT

Deborah Kreun, ThinkFirst-NV
Kevin Stockton, Centennial Hills Hospital
Michael Metzler, M.D., Sunrise Hospital

Larry Johnson, EMT-P, MedicWest
Dan Petcavage, RN, University Medical Center

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMSTS Field Representative
Joseph J. Heck, DO, Operational Medical Director

Moana Hanawahine-Yamamoto, Recording Sec.
Michael Bernstein, CDPHP
Jim Osti, Administrative Analyst

PUBLIC ATTENDANCE

Brian Rogers, EMT-P, Henderson Fire Dept
N. Clay Mann, IICRC
Susan Hilger
Hilary Crawford, UMC-ED

Sandy Young, RN, Las Vegas Fire & Rescue
Bob Heath, State of Nevada EMS Office
Bobette Bond, Health Services Coalition
William Wagnon, 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, June 18, 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.

Approve Minutes/Regional Trauma Advisory Board Meeting: 5/21/08

Chairman Britt asked for approval of the minutes of the May 21, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

Ms. Britt introduced Dr. N. Clay Mann from the University of Utah. Dr. Mann was the guest speaker for the Data Symposium and provided insight regarding EMS and trauma data.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from RTAB Member Nominating Committee

Discussion of Nominations for Annual Renewal of Non-standing RTAB Members

The committee held a meeting on June 10, 2008 and reviewed all of the nomination forms that were submitted for the non-standing seats on the RTAB. Their recommendations were given to Dr. Lawrence Sands, Chief Health Officer of the Southern Nevada Health District, and Dr. Sands made the following appointments:

William Wagon, CEO MountainView - administrator from a non-trauma hospital
Brian Rogers, Henderson Fire Dept – public provider of advanced emergency care
Larry Johnson, MedicWest – private franchised provider of advanced emergency care
Deborah Kreun – health education and injury prevention services
Scott Cassano, United Health – payors of medical benefits
Susan Hilger – public member-at-large

Ms. Britt welcomed the new members and appreciated their willingness to serve on the board. The new members will begin their terms at the July 16, 2008 meeting.

B. Discussion of Possible Research Opportunity

Dr. Allen Marino has been approached by the Resuscitation Outcomes Consortium (ROC) about the possibility of participating in a hypertonic resuscitation study. The reason they are looking for new participants is because they are having difficulty getting the amount of patients needed to complete the study. The ROC was created to conduct clinical research in the areas of cardiopulmonary resuscitation and traumatic injury. ROC consists of 10 Regional Clinical Centers (RCCs) and a Data and Coordinating Center (DCC). This is a study for two multicenter trials of hypertonic resuscitation in two populations of trauma patients to be conducted simultaneously using the same intervention and infrastructure. Study 1 seeks to determine the impact of hypertonic resuscitation on survival for blunt or penetrating trauma patients in hypovolemic shock. Study 2 seeks to determine the impact of hypertonic resuscitation on long term (6 month) neurologic outcome for blunt trauma patients with severe traumatic brain injury. Both studies will be three arm, randomized, blinded intervention trials comparing hypertonic saline/ dextran (7.5% saline/6% dextran 70, HSD), hypertonic saline alone (7.5% saline, HS), and normal saline (NS) as the initial resuscitation fluid administered to these patients in the prehospital setting.

Dr. Marino stated that this would be a great opportunity for the Clark County trauma centers. Most of the work will be performed in the prehospital setting. The trauma centers would need to provide the patient's medical records. Dr. Marino volunteered to be the coordinator on the EMS side and to also take this request to the University Medical Center's Institutional Review Board (IRB). Melinda Hursh advised that she would need to take this request to Sunrise's IRB as well. As far as the hospital's role in this study, Dr. Marino stated that it is merely a chart audit and all patient identifiers would be redacted. Dr. Marino asked the three trauma centers to provide the number of patients within the past twelve months that could have been enrolled in this study and email that information to him.

Dr. Marino made a motion to investigate the possibility of participating in the hypertonic resuscitation study. The motion was seconded and passed unanimously.

C. Review of Trauma Transport Data

Ms. Britt noted that the percentage of out of areas (OOA) in May was 8.7%; however, if a broader definition of OOA which would exclude cases within one mile from the border was used, the OOA would only be 3.7%. Jo Ellen Hannom stated that she would advise the EMS public providers of the OOA numbers and have them re-educated on the importance of taking the Trauma Field Triage Criteria (TFTC) patients to the appropriate trauma center.

Ms. Britt noted that the students in the UMC paramedic program suggested that a color coded TFTC catchment map be located in the back of the units so that they had something to refer to. Dr. Fildes agreed with the suggestion and requested that a color coded TFTC map of the catchment areas be created and taken to the Medical Advisory Board to request that these maps be placed on the units.

Dr. Fildes reiterated that the Board's tolerance for OOA is 5%. Because there was an increase in May's OOA compared to April's OOA and the overall volume of TFTC has continued to decrease, the Board agreed that they would like a protocol deviation report from the EMS agencies as well as an explanation for June's OOA. Ms. Hursh also noted that in the past when the OOA was trended over a twelve month period, the OOAs were fairly stable; therefore, she has requested that the OOA be reviewed over another twelve month period.

Ms. Britt reported that there are still a large number of unknown locations being reported on the TFTC data. Ms. Hursh explained that the hospital's copy of the patient care report (PCR) is the last page of the duplicate page document so the hospital is unable to read the address/location of the incident. She is attempting to get the EMS crews to make a copy of the first page before they leave the trauma center so they can have a legible copy.

Brian Rogers asked if the trauma centers could provide the transporting unit's number for unknown locations. This information would make it easier for the EMS agencies to find the addresses on the unknown locations.

D. Report from Data Symposium

Dr. Clay Mann spoke about what is occurring at the national level with regard to National EMS Information System (NEMESIS), the National Trauma Data Standard (NTDS) and the integration of both data sets. Dr. Mann is a principal investigator for the NEMESIS technical assistance center and part of the advisory board for the NTDS. Dr. Mann was able to give Clark County some direction and has offered his help when we are able to move forward in integrating Clark County's EMS and trauma data.

For the past four to five years, Clark County agencies have been working with ROAM IT to incorporate an electronic patient care report. Unfortunately, Mr. Rogers advised that the company has gone bankrupt. The agencies have learned a lot about research and development and have already set up meetings with other companies.

Dr. Marino noted that they had 12,409 transports for the month of May and are starting to get data from their bubble charts. They are in the process of cleaning up the data and hope to be able to generate reports that are usable for the three trauma centers.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Ms. Britt mentioned that the annual UMC trauma luncheon was on May 21, 2008. Survivors of traumatic injuries attended and spoke about their amazing experiences. Dr. Fildes added that portraits of the patients with their families were taken and a wall of hope will be built outside of the intensive care unit.

Ms. Britt bid farewell to the four non-standing members that will be leaving the RTAB; Robert Bursey, Dr. Sameer Abu-Samrah, Jo Ellen Hannom and Kevin Stockton. Plaques were given to the members who served two years and certificates of appreciation were given to members who served one year. Ms. Britt thanked them for their work in laying the foundation for the development of the Clark County Trauma System.

Susan Hilger asked if the Health District was aware that the government has authorized one billion dollars in bioterrorism funding. Jim Osti advised that the Health District has applied for these grants and has been approved for a grant that would allow them to look into the base station concept. If there is enough funding, the Health District would like to do a pilot project by looking at a subset of patients like trauma or mental health patients and utilizing the base station concept.

Ms. Britt introduced Bob Heath from the State of Nevada EMS Office. Mr. Heath explained that he applied for a grant from the Office of Traffic Safety. The funding would facilitate the standardization of the collection of data in the State Trauma Registry with regards to the rural hospitals. The grant would also help some of the rural hospitals upgrade to level 3 trauma centers.

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 seconded and passed unanimously to adjourn at 3:15 p.m.