



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

July 16, 2008 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman	Scott Cassano, Health Plan of Nevada
Jay Coates, DO, University Medical Center (Alt)	Allen Marino, MD, MAB Chairman
Sean Dort, MD, St. Rose Hospital	Kim Dokken, RN, St. Rose Hospital
Larry Johnson, EMT-P, MedicWest	Dan Petcavage, RN, University Medical Center
Michael Metzler, M.D., Sunrise Hospital	Deborah Kreun, ThinkFirst-NV
Melinda Hursh, RN, Sunrise Hospital	Brian Rogers, EMT-P, Henderson Fire Dept

MEMBERS ABSENT

Susan Hilger, General Public Representative	John Fildes, MD, University Medical Center
William Wagon, MountainView Hospital	

SNHD STAFF PRESENT

Moana Hanawahine-Yamamoto, Recording Sec.	James Osti, Administrative Analyst
John Hammond, EMSTS Field Representative	Trish Beckwith, EMSTS Field Representative
John Middaugh, MD, Dir. of Div. of Community Health	

PUBLIC ATTENDANCE

Robert Byrd, EMT-P, AMR-Las Vegas	Charles Garcia, DO, University Medical Center ED
Minta Albietz, RN, Sunrise Hospital	Aaron Tate, SNHD – 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, July 16, 2008. 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.

Approve Minutes/Regional Trauma Advisory Board Meeting: 6/18/08

Chairman Britt asked for approval of the minutes of the June 18, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Welcome and Introduction of Members

Dr. Sean Dort, Trauma Medical Director, St. Rose – Siena
Kim Dokken, Trauma Program Manager, St. Rose – Siena
Dr. Michael Metzler, Trauma Medical Director, Sunrise
Melinda Hursh, Trauma Program Manager, Sunrise
Dr. Allen Marino, Chairman, Medical Advisory Board
Dr. Jay Coates (alternate for Dr. John Fildes), UMC
Dan Petcavage, Interim Trauma Program Manager, UMC
Brian Rogers, Henderson Fire Dept, public provider of advanced emergency care
Larry Johnson, AMR-LV/MedicWest, private franchised provider of advanced emergency care
Deborah Kreun, ThinkFirst NV, health education and injury prevention services representative
Scott Cassano, Health Plan of NV, payor of medical benefits representative

Ms. Britt welcomed the new members and expressed appreciation for their willingness to serve on the board. Dr. Metzler advised the board that William Wagnon, CEO MountainView Hospital, nontrauma hospital administrator representative, was en route but delayed in traffic. Susan Hilger, representing the general public, notified Ms. Britt prior to the meeting she would be unable to attend because she would be out of town.

B. Election of Chairman

Mr. Rogers made a motion to re-elect Ms. Britt as the chairman. The motion was seconded and passed unanimously.

C. Update on Resuscitation Outcomes Consortium (ROC) Participation

Dr. Marino thanked the trauma centers for sending data related to the number of potentially qualified patients they identified in a 12-month period who may be eligible to participate in the resuscitation outcome study. He advised that the numbers have been forwarded to ROC and he is awaiting word on whether Clark County has been accepted to participate in the study.

D. Update on Annual Trauma Report

Ms. Britt stated that the work on the first trauma system report has begun. A proposed outline was given to the members for their review and recommendations. The Office of Emergency Medical Services and Trauma System (OEMSTS) has limited access to certain data. The Trauma Field Triage Criteria (TFTC) data and the Trauma Registry data provided by all three trauma centers will be included in the report. Unfortunately, the 2006 data from the State of Nevada's Trauma Registry is not available because they are still implementing and testing the new software program. The Coroner's trauma death data, the inpatient data from the Center for Health Information Analysis and the Clark County data from the National Trauma Data Bank will be included in the report as well.

Dr. Metzler stated the importance of including rehabilitation data in the report because there is a problem with placement issues in Clark County. Ms. Britt asked the trauma centers to provide her with the rehabilitation data.

Dr. Metzler also noted the value of including prevention information in the report (i.e. the Southern Nevada Injury Prevention Partnership).

The trauma centers were asked to forward any information or additional recommendations to the OEMSTS as soon as possible so a draft report can be presented at the September RTAB meeting.

E. Review of Trauma Transport Data

Ms. Britt reported that the June out-of-area (OOA) transports were 5.9% and that the overall volume of transports was 478. She had spoken to Ms. Dokken about six of the OOAs because they were

Step 1 and Step 2 patients that were transported to St Rose Siena. Ms. Dokken felt that all six of the cases were clinically justified because they were unstable patients who needed to go to the closest trauma center. If these six patients were excluded from the OOA cases, the OOA for June would only be 4.6%. Dr. Marino felt that it was not necessary to pursue additional information from the EMS agencies for June's OOAs and the Board agreed.

Ms. Britt added that the OEMSTS will continue to monitor the data and if the OOAs are greater than the Board's tolerance of 5%, the EMS agencies will be asked to provide additional information.

Ms. Britt thanked Mr. Johnson from MedicWest and Robert Byrd from AMR-LV for reviewing each of their agency's OOA cases from May with her. The Board understands the amount of time it takes and appreciates their efforts in assisting with this quality improvement activity.

Ms. Britt noted that the OEMSTS printed and laminated color-coded trauma field triage criteria (TFTC) catchment maps created by Clark County Fire Department. The maps were given to all of the EMS transporting agencies for placement in the back of each active unit.

Ms. Britt noted that the percentage of out of areas (OOA) in May was 8.7% and last month the Board agreed that they would like a protocol deviation report or an explanation from the EMS agencies on all OOAs. Ms. Britt presented a preliminary report.

UMC

There were eight OOAs and in four of those cases, the crew reported the deviations were due to time of day and traffic. All of these cases were mechanism only and the crews chose to go to the closest trauma center. Those crews were remediated. There was one case where the patient was identified by the trauma center as a mechanism only; however, the patient care report (PCR) indicated Step 1 criteria. The OEMSTS is waiting for additional information on three pending cases.

Sunrise

There were 26 OOAs and in nine of those cases the crew reported the deviations were due to time of day and traffic. Five of those nine cases were incidents that occurred on the strip. Ms. Britt explained that in some cases that occur on the strip, time of day and traffic is justified (i.e. Saturday night). There were seven cases that were due to clinical issues and/or there were multiple patients at the scene of one incident and the crew decided not to separate family members. These seven cases were deemed appropriate. There were three cases that were unjustified because the crews did not know the TFTC or catchment areas. These crews were remediated. The OEMSTS is waiting for additional information on seven pending cases.

St Rose Siena

There were 9 OOAs and in four of those cases the crew reported patient request; however, the appropriate AMA form was not completed so the crews were remediated on the procedure. There were three cases that the crew reported time of day and traffic and they were remediated on the importance of transporting within the appropriate catchment areas. There were two cases that were not identified as patients who met TFTC by EMS personnel, but after arrival were identified as trauma patients by the trauma center. There will be further investigation of these cases.

Mr. Rogers noted that the OOA numbers may continue to increase for the next year due to construction on the interstate and the strip. Dr. Marino maintained that most of the OOA patients are mechanism only patients; therefore, the paramedics have the extra time to transport them to the appropriate trauma center. He explained the importance of educating the EMS personnel on the reasons there are assigned catchment areas. One of the responsibilities of the RTAB is to monitor the distribution of trauma patients to ensure patients are matched with the appropriate resources while providing sufficient volume to each trauma center to provide stability within the trauma system.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Ms. Britt introduced Dr. John Middaugh, Southern Nevada Health District's new Director of the Division of Community Health. Dr. Middaugh has been a state epidemiologist for many years in Alaska and Florida. He stated that he is excited to be launching his new position at the Health District and is looking forward to supporting everyone's efforts.

Dr. Metzler mentioned that the Joint Commission and the American College of Surgeons' visits to Sunrise Hospital has been concluded.

IV. PUBLIC COMMENT

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 2:59 p.m. Mr. Wagnon arrived right after the meeting adjourned.