MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

September 17, 2008 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
John Fildes, MD, University Medical Center
Susan Hilger, General Public Representative
Larry Johnson, EMT-P, MedicWest
Michael Metzler, M.D., Sunrise Hospital
Melinda Hursh, RN, Sunrise Hospital
Scott Cassano, Health Plan of Nevada
William Wagnon, MountainView Hospital
Sean Dort, MD, St. Rose Hospital
Gregg Fusto, RN, University Medical Center
Deborah Kreun, ThinkFirst-NV
Brian Rogers, EMT-P, Henderson Fire Dept

MEMBERS ABSENT

Allen Marino, MD, MAB Chairman
Kim Dokken, RN, St. Rose Hospital

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMSTS Field Representative
Mike Bernstein, SNHD Health Educator
Joseph J. Heck, D.O., Operational Medical Director
Moana Hanawahine-Yamamoto, Recording Sec.

PUBLIC ATTENDANCE

Sandy Young, RN, Las Vegas Fire & Rescue
Dorita Sondereker, RN, Mercy Air Service, Inc.
Lisa Ponce, EMT-P, AMR-Las Vegas
Stephen Phan, UMC
Julie Siemers, RN, Mercy Air Service, Inc.
Dan Petcavage, RN, University Medical Center
Michael Teague, EMT-P, AMR-Las Vegas
Jennifer Adams, EMT-P, AMR-Las Vegas

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, September 17, 2008. Chairman Mary Ellen Britt called the meeting to order at 2:31 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: 7/16/08

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

Ms. Britt introduced Susan Hilger and Gregg Fusto, two new members on the Board.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of Final Draft of 2008 Clark County Trauma System Report

There was a final review of the content in the draft 2008 Clark County Trauma System Report and a sample of the layout was displayed. The members requested that the CDC charts be in color, a picture of the Southern Nevada Health District be included and a pie chart in the coroner's office data illustrating in hospital and out of hospital deaths be added.

Dr. John Fildes asked if the Center for Health Information Analysis (CHIA) would be able to provide the diagnosis codes by age group for future reports. He also wanted to know if the coroner's office would be able to provide the mechanism of injury by age group for all out of hospital deaths. This information would help prevention programs zone in on specific areas. Ms. Britt will contact the coroner's office to see if they are able to provide this information for the current report; however, if that is not possible, we will request that information for future reports.

Dr. Fildes made a motion to move forward with the publication of the 2008 Clark County Trauma System Report. The motion was seconded and passed unanimously.

The goal is to have the report on the Board of Health's agenda on October 23, 2008.

Dr. Fildes also asked that there be an analysis of the data to identify areas for improvement as well as provide an overall view of the trauma system as a whole.

B. Discussion of Trauma System Prehospital Key Performance Indicators

Brian Rogers wanted to discuss the National Association of EMS Physicians article, "Evidence-Based Performance Measures for Emergency Medical Services Systems: A Model for Expanded EMS Benchmarking." The article reports that there are very few evidence-based clinical measures of EMS system performance. It also identifies five areas for benchmarking: myocardial infarction (STEMI), pulmonary edema, bronchospasm, status epilepticus and trauma. Mr. Rogers felt it was time for the Board to create a subcommittee to work on improving trauma system performance. The subcommittee should at least consist of the three trauma program managers, expertise from the trauma medical directors and representatives from the EMS providers.

Ms. Britt remarked that when the trauma system was being formed criteria for trauma system assessment was created. She also agreed that it was time to start this process while we are waiting for data from the EMS electronic patient care reports.

Ms. Britt mentioned that the Health District has received the first download of Quicnet data from Don Hales at MedicWest ambulance. She has asked him to come to the next meeting to do a presentation about the data. Mr. Hales has been able to link the Quicnet information to their computer aided dispatch (CAD) system which gives the latitude and longitude of the location of each call.

Mr. Rogers made a motion to create a subcommittee to work on methods to measure the trauma system performance and EMS benchmarking. The motion was seconded and passed unanimously.

The group would like to have its first meeting within the next 30 days.

C. Review of Trauma Transport Data

The trauma transport data for June, July and August 2008 as well as the trend line analysis for the past 12 months were reviewed. Ms. Britt reported that the trauma patient volume has continued to decrease.

The out of areas (OOA) in the month of May was 8.1%. Most of the EMS agencies were able to research these calls and submit the following results:

- 60% Border calls (within one mile from the boundary)
- 29% Protocol deviations
- 5% Clinical Judgment (patient condition warranted transport to closest trauma center)
- 6% unable to locate call

There were still a number of cases without location information in the monthly data. In August, 14% of the cases were reported without the location/address of the incident. The trauma centers mentioned that a number of the patient care reports are being submitted with the location information left blank. Mr. Rogers stated that the incident location is one of the first fields that needs to be completed in the report and was shocked at the high number of unknown locations. Mr. Larry Johnson advised that reminders will be sent out to their EMS personnel regarding the importance of completing this information. Ms. Britt added that part of this problem can be resolved if the latitude/longitude location of each call are automatically generated by the Quicnet connection to the CAD.

D. Discussion of Excluding Step 1 & 2 Trauma Field Triage Criteria Patients in Out of Area Tracking

Dr. Marino previously asked that the Board consider excluding Step 1 and Step 2 patients from the calculation of out of area transports. This request was based on the position that a Step 1 or 2 patient's clinical condition warrants transport to the closest trauma center. The trauma field triage criteria protocol does include the caveat that allows a paramedic to transport a patient to any trauma center if the patient's clinical condition requires quick transport.

Ms. Britt clarified that Step 1 patients fall within the physiological criteria while Step 2 patients fall within the anatomical criteria. If the Step 1 and 2 patients were excluded from the calculation of the out of area transports, June's OOA would have been 4%, July 4.7% and August 4.5%.

Ms. Britt explained that when the OOAs are over 5%, the Board has required that additional research occur to find out the reason why the patient had been transported outside of the catchment area. Dr. Fildes added that the analysis was put in place to make sure the right patients are getting the right care at the right place and at the right time.

The committee felt that excluding Step 1 and 2 patients within the calculation of the out of area transports would fragment the report and compromise the checks and balances of the system. Therefore, Ms. Britt noted that the manner in which the Board is tracking the trauma patients will remain the same and if the OOAs are greater than 5%, the Health District will require the EMS agencies to provide justification for each OOA call.

E. Update on Resuscitation Outcomes Consortium (ROC) Participation

Dr. Marino advised Ms. Britt that the Resuscitation Outcomes Consortium has suspended their hypertonic resuscitation study and will consider our application if they decide to continue.

F. Report on Southern Nevada Injury Prevention Partnership Meeting

In its first year, the Southern Nevada Injury Prevention Partnership (SNIPP) has identified 45 injury prevention programs in Southern Nevada and has educated the community on what resources are available. Within the next few years, SNIPP would like to focus on identifying specific injury prevention areas and to try to combine resources from the various injury prevention programs and trauma centers to target these areas. Ms. Deborah Kreun will be meeting with the trauma program managers within the next 30-60 days to discuss prevention program options.

Mike Bernstein stated that the occupational injuries report identified a lack of adequate instructions to non-english speaking workers. These workers are signing off on these instructions in fear of losing their jobs.

SNIPP's next meeting will be on Tuesday, October 28, 2008 at 10 a.m. and will include the 2007 Clark County Childhood Death Review Annual Report.

G. Report on August 10, 2008 Mass Casualty Incident Review

There was a debriefing on the Mass Casualty Incident (MCI) that occurred in August. The consensus from the group was that the EMS efforts were well coordinated and the victims were transported from the scene and appropriately distributed to area hospitals in a timely manner. There were 30 patients off the scene in under an hour.

It was identified that the all call hospital channel was not used appropriately during the MCI; therefore, dispatch had to call each hospital individually. Sandy Young explained that there would be less confusion for the hospitals if they purchase a second radio so that they can keep one radio dedicated to the all hospital channel and the other radio dedicated to the hospital's individual telemetry channel.

Dan Petcavage added that it is very difficult to follow the call when one is working on a patient at the same time; therefore, he asked that the crews identify themselves in the beginning and end of the call. There was also clarification that during an MCI all catchment areas are suspended. There was a reminder of the importance of using the incident command identifier in all telemetry calls and limiting radio communication. Finally, the hospitals were not informed of an all clear so Bruce Evans was going to work with the fire chiefs to create a standard operating procedure to make sure that communication is sent out to all hospitals when an MCI is over.

The group agreed that the MCI was handled well and that with each incident, lessons are learned and improvements are made.

H. Report on Insurance Fraud Committee

Dr. Joseph Heck explained that in the last legislative session a task force was organized to look at auto theft and auto insurance fraud cases. Accusations were made that EMS and trauma centers were transporting patients inappropriately to generate more revenue. The task force was informed of the law and regulation that requires trauma patients to be transported to a trauma center and the allegations were dropped.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Mr. Bernstein mentioned that the State of Nevada had its first suicide prevention conference, "Suicide Prevention: Empowering Communities to Action Conference" in Minden on August 14-16, 2008. Thomas Joiner, Ph.D., spoke about "Why People Die by Suicide?" Dr. Joiner explained that there is a substantial amount of time between the time of suicide ideation and the actual suicide attempt. Mr. Bernstein expressed that this type of information is important when developing prevention programs.

Mr. Bernstein advised that he and Ms. Britt are members on the Pool Barrier Steering committee. The committee is drafting legislation for the Nevada Child Pool Safety Act. The Virginia Graeme Baker Pool and Spa Safety Act became effective on December 20, 2007. The goal of this act is to improve the safety of all pools and spas, public and private, by increasing the use of layers of protection and promoting uninterrupted supervision to prevent child drownings and entrapments.

There has been a lot of support from the State building officials and the pool building industry and now, the committee is trying to get the real estate industry on board as well. The committee would like the bill to require existing pools that are not up to code to be corrected when the home is sold.

There have been 9 drownings so far this year and all of them have been children under the age of 3 years old.

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 3:30 p.m.