



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

January 21, 2009 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
Jay Coates, DO, University Medical Center
Susan Hilger, General Public Representative
Larry Johnson, EMT-P, MedicWest
Michael Metzler, MD, Sunrise Hospital
Melinda Hursh, RN, Sunrise Hospital
Scott Cassano, Health Plan of Nevada

Kim Dokken, RN, St. Rose Hospital
Gregg Fusto, RN, University Medical Center
Sean Dort, MD, St. Rose Hospital
William Wagnon, MountainView Hospital
Deborah Kreun, ThinkFirst-NV
Brian Rogers, EMT-P, Henderson Fire Dept

MEMBERS ABSENT

Allen Marino, MD, MAB Chairman

John Fildes, MD, University Medical Center

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Moana Hanawahine-Yamamoto, Recording Sec.
John Hammond, EMSTS Field Representative

Joseph J. Heck, D.O., Operational Medical Director
Trish Beckwith, EMSTS Field Representative

PUBLIC ATTENDANCE

Daniel Wu, DO, University Medical Center

Eric Dievendorf, 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, January 21, 2009. Chairman Mary Ellen Britt called the meeting to order at 2:30 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: 12/17/08

Chairman Britt asked for approval of the minutes of the December 17, 2008 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of Trauma Transport Data

The trauma transport data for November 2008 was revised after additional information regarding unknown locations were submitted by the EMS agencies. The out of area (OOA) percentage in November was changed from 6.2% to 5.9%. The trauma transport data for December 2008 and the trend line analysis for the past 12 months were also reviewed. Since the OOAs in December were only 5.3% which is at the Board's threshold, further investigation into the reasons for each OOA is not necessary at this time. However, if the OOA percentage for December increases after the unknown locations have been identified, additional research will be required.

Ms. Britt reported that the trauma patient volume has continued to decrease. Gregg Fusto mentioned that the media reported approximately 6,000 people a month were moving out of Las Vegas. Las Vegas's population seems to be affected by the slowdown in the construction industry and the reduction in tourism which is causing layoffs.

B. Discussion of Revisions to the Trauma Performance Improvement Plan

The current Trauma Performance Improvement Plan was created with information gathered from a more mature trauma system and it has been determined that it is time to refine some of the procedures.

A workgroup made up of the trauma program managers and trauma medical directors will be reviewing the plan and their recommendations will be submitted to the Board. Ms. Britt announced that she has not received any interest from other members who would like to participate in this workgroup, but she invited the members to forward any comments or revisions they have regarding the plan.

Scott Cassano agreed to help identify data sources and /or locate reports that address access to care issues for trauma patients. Ms. Britt mentioned that this would help to provide a baseline for the collection of data.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Susan Hilger stated that she submitted a report to the Transition Health Policy Team based on the suggestions given to her at the last Board meeting.

Ms. Britt reported that the Health District's Public Information Office generated a press release about the Clark County Trauma System Report and highlighted that 56% of all trauma deaths occur on scene; however, it did not produce any news reports. Ms. Britt added that the office will continue to get the information out to the community.

Ms. Britt mentioned that Dr. Michael Metzler did a very nice presentation on the trauma system report at the Safe Kids meeting last week. There were at least 80 people including a couple of legislators in the audience. Melinda Hursh was also acknowledged for her contribution to Safe Kids. There were also two compelling testimonials by mothers who were impacted by the loss of a one child due to a drowning incident and another child who was neurologically devastated as a result of a near drowning incident. There are a group of people working on legislation to require barrier devices in older homes when the property changes ownership.

There has been some discussion about the trauma data that is being captured and the importance to feed that back to the Southern Nevada Injury Prevention Partnership (SNIPP). There are a lot of prevention activities taking place in this community and a list of these activities has been requested by the Board. When the list has been compiled, then gaps can be identified and the committee will have a better understanding of the needs to fill those gaps.

Kim Dokken asked for clarification regarding Las Vegas Metropolitan (Metro) police officers and the use of Trauma Field Triage Criteria (TFTC). There was an incident that occurred in Henderson that involved the Metro SWAT team. Officers were wounded and transported to University Medical Center (UMC) Trauma rather than St. Rose Siena Trauma and EMS seemed unsure of the reason for the out of area transports when Ms. Dokken questioned the transporting agency.

Dr. Joseph Heck advised that the Health District conducted an investigation into this matter. The decision to transfer the patients to UMC Trauma was made by the on-scene physician with the SWAT team. St. Rose Siena Trauma was contacted by the SWAT team to let them know they were in their area prior to the execution of the warrant. One of the injured officers had a hand injury that the on-scene physician determined would require hand surgery. Because the on-scene physician did not think this service was available at St. Rose Siena Trauma, the decision was made to send that patient to UMC Trauma. Since there was only one ambulance on scene, all three injured officers were transported to UMC Trauma. The officer with the hand injury did in fact require hand surgery.

Dr. Heck is also the medical director for Metro and he questioned why the officers were not transported to Sunrise Trauma because that would have been the appropriate trauma center based on the TFTC catchment area. The person who made the decision didn't even think about Sunrise Trauma as an option; however, he was remediated and educated that he is to follow the TFTC catchment areas. Dr. Heck also wanted to clarify that Metro does not have a preference between one hospital over another. They transport injured officers to the hospital in the area that they are operating.

Dr. Heck advised that Metro was having tactical training that night and during the debriefing of this incident, he will re-emphasize the importance to follow the TFTC catchment areas.

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 2:48 p.m.