



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

February 18, 2009 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman	Kim Dokken, RN, St. Rose Siena Hospital
Jay Coates, DO, University Medical Center (Alt.)	Gregg Fusto, RN, University Medical Center
Susan Hilger, General Public Representative	Sean Dort, MD, St. Rose Siena Hospital
Larry Johnson, EMT-P, MedicWest	William Wagnon, MountainView Hospital
Michael Metzler, MD, Sunrise Hospital	Allen Marino, MD, MAB Chairman
Melinda Hursh, RN, Sunrise Hospital	Scott Vivier, EMT-P, Henderson Fire Dept
Scott Cassano, Health Plan of Nevada	John Fildes, MD, University Medical Center (by phone)

MEMBERS ABSENT

Deborah Kreun, ThinkFirst-NV	Brian Rogers, EMT-P, Henderson Fire Dept
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SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Jo Ellen Hannom, RN, Clark County Fire Dept	Troy Tuke, EMT-P, Clark County Fire Dept
Michelle Dimoff, RN, Summerlin Hospital	Julie Siemers, RN, Mercy Air Service
Dr. Dale Carrison, University Medical Center	Teressa Conley, St. Rose Siena Hospital
Minta Albietz, RN, Sunrise Hospital	Russell diBartolo, Clark County School District
Catherine Prato, RN, UNLV	David Osman, RN, Operation Lasting Peace
Dr. William Sousa, Operation Lasting Peace	Dr. Naseem Sulayman, Operation Lasting Peace
Lisa Campbell, Operation Lasting Peace	Donna Hall, Operation Lasting Peace
Pastor Bob Clemmons, Operation Lasting Peace	Carol, Operation Lasting Peace

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, February 18, 2009. 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. Chairman Britt also mentioned that Dr. John Fildes was participating by phone conference.

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: 1/21/09

Chairman Britt asked for approval of the minutes of the January 21, 2009 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report on Trauma System Performance Improvement Committee Meeting

Dr. Allen Marino mentioned that the name was changed to reflect the purpose of the committee, EMS/Trauma Performance Improvement Committee. The mission statement was approved and appears in the draft Trauma Performance Improvement Plan.

There were two presentations on the FirstWatch and Sansio electronic patient care reporting systems. Dr. Marino has tasked the trauma centers and the EMS agencies to submit performance indicators to the committee for review at the next meeting.

B. Discussion of Draft Trauma Performance Improvement Plan

Ms. Britt explained that the changes that are underlined and in italics are primarily housekeeping changes and the changes in red are substantive changes.

Summary of Substantive Changes

1. page 2: added language identifying the Southern Nevada Health District's role as the regulatory agency
2. page 4: revised the Pre-TMAC standing members list and added an ad hoc member list
3. page 5: simplified the language in deaths that occur at non-trauma center hospitals
4. page 5: added language to review preventable or possibly preventable deaths at Pre-TMAC
5. page 6: changed reference to SNHD TMAC from the District Procedure for the Trauma Medical Audit Committee to the Clark County Trauma System Regulations
6. page 7: revised the categorization of trauma-related deaths section so that any discrepancies would be discussed and finalized by the committee
7. page 7: revised and simplified the non-trauma center hospital case review process
8. page 8: revised and simplified the language in the finalization of case review
9. page 10: added language regarding the new EMS/Trauma Performance Improvement Committee
10. page 11: added the TMAC section from the Clark County Trauma System Regulations
11. page 13: deleted the District Procedure for the Trauma Medical Audit Committee
12. page 17: revised the meeting agenda format to reflect the agenda being used currently
13. page 18: added additional data elements to the Trauma Center Quarterly Report
14. page 19: added burn and healthcare plan repatriation to mechanisms of injury for transfers out
15. page 20: added rehabilitation issues and psychiatric issues
16. page 21: added language to clarify which deaths would be reviewed
17. page 24: added language to guideline under non-preventable, potentially preventable and preventable deaths
18. page 25: added language in the delay in diagnosis section under example
19. page 27: removed TMAC morbidity case review form
20. page 28: removed Pre-TMAC review mortality form
21. page 29: removed Pre-TMAC review morbidity form

Susan Hilger also submitted housekeeping changes to make the document more reader friendly. Ms. Britt will take Ms. Hilger's suggestions to the Health District's attorney for his review and will bring back a cleaned copy of the document for the Board's approval next month.

Scott Cassano provided various resources addressing access to healthcare issues. The Health District will make copies of the articles and distribute them to the committee members. Mr. Cassano mentioned that some of the statistics are outdated due to the lack of funding.

C. Discussion of Revisions to the Trauma Field Triage Criteria Protocol

Ms. Britt explained that the Medical Advisory Board is reviewing all of the existing EMS protocols and has referred two of the protocols to this Board for review. Dr. Marino provided the Guidelines for Field Triage of Injured Patients which was published by the Centers for Disease Control and Prevention (CDC) on January 23, 2009. The document describes the process of revision and the detailed rationale behind the new triage criteria. Dr. Marino's suggested revisions to the current Trauma Field Triage Criteria (TFTC) protocol were based on the recommendations from the CDC. The draft TFTC protocol is broken into two parts: protocol and trauma transport destination guidelines.

Dr. Michael Metzler felt there needed to be more research and discussion on this matter before the Board could come to a decision. Dr. Marino stated that the draft TFTC protocol only includes step 1, 2, and 3 but the CDC document also adds a step 4 to the criteria. Dr. Marino would also like the Board's input on the possibility of adding step 4 to the protocol.

D. Discussion of Revisions to the Prehospital Death Determination Protocol

Tabled

E. Debriefing of Arizona Bus Crash

There was a bus crash on January 30, 2009 in Dolan Springs, AZ and some of the patients from that crash were transported to Clark County. Initially the Incident Commander (IC) contacted two of the Clark County trauma centers in anticipation that there were more than 30 patients injured in the accident. After the ground ambulance agencies were on scene, it was assessed that they were only 18 injured patients and 6 of them were transferred to Clark County by air ambulance agencies. Total time on scene for all agencies was about 53 minutes.

One issue identified was the lack of communication after the initial call was made to mobilize resources. Sunrise Trauma and St. Rose Siena Trauma teams were mobilized and neither of the trauma centers received any patients. University Medical Center (UMC) Trauma did not receive telemetry calls on the 6 air ambulance patients transported to them. Dr. John Fildes mentioned that even though there was no prior telemetry, UMC Trauma was able to care for all of the patients they received from this crash in addition to two other patients.

Melinda Hursh explained that Sunrise Trauma was supposed to receive 2 of the 6 patients; however, at the time of transport of one of the patients, Sunrise was offloading a patient on their helipad so Careflight made the decision to divert to UMC Trauma. The other patient was being transported by Mercy Air and Mercy Air made the decision to transport to UMC Trauma based on the catchment area defined in the TFTC protocol. Ms. Britt advised that the draft TFTC protocol also added the following statement under exceptions: in a multiple patient situation, as defined by the Incident Commander, patients may be transported outside the assigned catchment areas in the best interest of patient care.

Mr. Chetelat mentioned that since this incident occurred in Arizona, the Health District did not have any authority with regard to the distribution of patients; however, the Health District was able to provide the contact information for Arizona EMS and Trauma System regulators so that Sunrise Trauma and UMC Trauma could address specific issues that occurred during this incident.

F. Review of Trauma Transport Data

The trauma transport data for December 2008 was revised after additional information regarding unknown locations were submitted by the EMS agencies. The out of area (OOA) percentage in

December was changed from 5.3% to 6.7% so the EMS agencies will be required to provide feedback to the Board based on the reasons for the OOA's. The trauma transport data for January 2009 and the trend line analysis for the past 12 months were also reviewed. Since the OOA's in January were only 3.9% which is below the Board's threshold, further investigation into the reasons for each OOA is not necessary at this time. However, if the OOA percentage for January increases after the unknown locations have been identified, additional research will be required.

G. Report on Southern Nevada Injury Prevention Partnership (SNIPP) Meeting

Mike Bernstein stated that Deborah Kreun created a survey for the three trauma centers and based on the information provided by the trauma centers, the top causes of trauma include motor vehicle crashes, motorcycle crashes, assault, falls (pediatric/geriatric) and auto vs. pedestrian crashes. The injury prevention areas currently being targeted are impaired teen driving, seatbelt usage, car seat safety, school zones, fall, geriatric driving and bicycle safety. It was identified that there are duplications of injury prevention efforts in the community so it is important to unify these efforts. On behalf of the Board, the SNIPP leadership requested a list of the injury prevention efforts in the community and Mr. Bernstein is in the process of collecting that information.

H. Presentation on "A Hospital Violence Intervention Program – A Pilot Initiative"

Mr. David Osman informed the Board about the a hospital based violence intervention program called Operation Lasting Peace (OLP) by the Southern Nevada Community Gang Task Force. Violence has become a major public health problem in the United States. Various cities in conjunction with their public health entities are handling violence as a disease. Repeat violence-related trauma constitutes between 10-45% of all trauma admissions due to violence. Studies have been focusing on identifying and investigating the risk factors involved in repeat hospitalization due to violent injury.

The program institutes effective intervention and prevention programs and approaches high risk youth in the hospital. By meeting with the youth and their family in the hospital, they are more receptive to the idea of changing the behaviors that got them there in the first place. By providing a support network, they will reduce involvement in high risk behaviors leading to a reduction in chance of re-injury.

Dr. William Sousa advised that during February 2006-January 2007, the year before OLP was instituted, there were 626 gun offense police calls for service and 35 gunshot wounds and 19 stabbings admitted to UMC Trauma. During the first year of intervention, there were 375 gun offense police calls for service and 25 gunshot wounds and 14 stabbings admitted to UMC Trauma. After the intervention was introduced, there was a 40% reduction in the gun offense police calls for service, 29% reduction in gunshot wound, 26% reduction in stabbings and a cost reduction of \$983,731 in hospital treatment.

Mr. Osman offered all three trauma centers the opportunity to utilize OLP for the gang related youth who are admitted to their trauma centers. The service is free of charge. It only requires the trauma centers to speak to their risk management departments on the procedure of referring these types of cases to OLP. Mr. Osman provided a copy of a release form that is being utilized in Boston as a reference. He is willing to go to each of the trauma centers to help facilitate this process and get OLP referrals up and running.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Jo Ellen Hannom from Clark County Fire Department felt the Board would be interested in an extrication demonstration from one of her heavy rescue teams. They are currently being trained in the new manufacture of automobiles because some of them are being made with a new metal to withstand crashes. These cars are also rolling more because of their lower weight. This will affect the amount of

intrusion the medics are going to be seeing so there may need to be re-education for crews and consideration given to the criteria listed in the TFTC protocol.

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 3:42 p.m.