



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

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

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman
Jay Coates, DO, University Medical Center (Alt.)
Susan Hilger, General Public Representative
Eric Dievendorf, EMT-P, MedicWest (Alt.)
Deborah Kreun, ThinkFirst-NV
Melinda Hursh, RN, Sunrise Hospital
Brian Rogers, EMT-P, Henderson Fire Dept

Kim Dokken, RN, St. Rose Siena Hospital
Gregg Fusto, RN, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital
Mike Johnson, MountainView Hospital (Alt.)
Allen Marino, MD, MAB Chairman
John Fildes, MD, University Medical Center (by phone)

MEMBERS ABSENT

Scott Cassano, Health Plan of Nevada
Larry Johnson, EMT-P, MedicWest

Michael Metzler, MD, Sunrise Hospital
William Wagon, MountainView Hospital

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Moana Hanawahine-Yamamoto, Recording Sec.

John Hammond, EMSTS Field Representative
Mike Bernstein, SNHD Health Educator

PUBLIC ATTENDANCE

Jo Ellen Hannom, RN, Clark County Fire Dept
Julie Siemers, RN, Mercy Air Service
Roni Mauro, EMT-P, MedicWest Ambulance

Troy Tuke, EMT-P, Clark County Fire Dept
Teresa Conley, St. Rose Siena Hospital
Suzanne Cram, Desert Canyon Rehabilitation 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, March 18, 2009. 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. Chairman Britt also mentioned that Dr. John Fildes was participating by phone conference. She also introduced Mike Johnson, CEO for Southern Hills Hospital, who was attending as William Wagon's alternate and the members of the committee introduced themselves.

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: 2/18/09

Chairman Britt asked for approval of the minutes of the February 18, 2009 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report on EMS/Trauma Performance Improvement Committee Meeting

The mission of the committee is to ensure the coordination, integration, efficiency and effectiveness of the interface between EMS and the trauma system; therefore, if there is a performance improvement issue with EMS that relates to the trauma system, then it will be addressed in this committee. The committee has developed a list of EMS/Trauma performance improvement indicators and is going over the details for the reporting process. Dr. Marino will be submitting this list to the Medical Advisory Board for their endorsement and support with reporting the data.

B. Approval of Draft Trauma Performance Improvement Plan

Ms. Britt explained that the draft trauma performance improvement plan incorporated most of the changes discussed in the previous meetings. There were a couple of suggested revisions made by Susan Hilger that the Health District chose to keep the same. Ms. Hilger urged the Board to reconsider deleting the word “cloaking” when describing confidentiality in the Trauma Medical Audit Committee (TMAC) section because the word is unnecessary and has a negative connotation. The Board agreed that the word “cloaking” needed to be removed.

Ms. Hilger made a motion to accept the draft trauma performance improvement plan with the removal of the word “cloaking” in the TMAC section. The motion was seconded and approved unanimously.

C. Discussion of Revisions to the Termination of Resuscitation Protocol

Ms. Britt explained that the Drug/Device/Protocol subcommittee is currently reviewing the Clark County EMS System BLS/ILS/ALS protocols. The termination of resuscitation protocol allows licensed EMS personnel to discontinue resuscitation by physician order if the patient meets specific conditions. The subcommittee asked if the RTAB would prefer if a traumatic arrest patient’s resuscitation be terminated by a physician in a trauma center or could the order be given by a physician in any emergency department.

The trauma program managers preferred that all traumatic arrest patients’ termination of resuscitation be given by a physician in a trauma center within the designated catchment area as assigned in the trauma field triage criteria protocol.

Dr. Marino made a motion to have all traumatic arrest patients’ resuscitation be discontinued by an order given by a physician in a trauma center within the assigned catchment area. The motion was seconded and passed unanimously.

Kim Dokken added that the physicians at her trauma center would be educated about the termination of resuscitation protocol.

D. Review of Trauma Transport Data

The trauma transport data for January 2009 was revised after additional information regarding unknown locations were submitted by the EMS agencies. The out of area (OOA) percentage in January was changed from 3.9% to 5.5% so the EMS agencies will not be required to provide justification for the OOAs. The trauma transport data for February 2009 and the trend line analysis for the past 12 months were also reviewed. Since the OOAs in February were only 4.7% 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 February increases after the unknown locations have been identified, additional research will be required. The overall volume in trauma patients has continued to decrease.

The out of areas (OOA) in the month of October were 7%. There were two mass casualty incidents during this time period and if those calls were removed from the OOAs, the percentage would have dropped to 5.1%. Most of the EMS agencies were able to research these calls and submit the following results:

- 24% Knowledge Deficiency (boundaries/criteria)
- 15% Patient Request without an AMA signed
- 15% Clinical Judgment (patient condition warranted transport to closest trauma center)
- 6% Difference between the prehospital and trauma center patient assessment
- 6% Border calls (within one mile from the boundary)

Gregg Fusto wanted to know if an outside EMS agency wanted to come into Clark County, would their request require a certificate of need from this Board. Ms. Britt explained that new aeromedical services must demonstrate a need to the State of Nevada Health Officer and then, the State would verify if there was a need with SNHD.

E. Report on Terrorism Injuries: Information, Dissemination and Exchange 2008 Annual Report

The Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) project is constructed around lessons learned from terrorist events, partnerships and dissemination that work to minimize the health consequences of terrorism and other public health emergencies. The TIIDE partners are engaged in a number of CDC initiatives that address acute care and the health consequences of terrorism related events. All of the TIIDE partners' 2008 annual reports are included in the booklets that were provided to the members.

Ms. Britt remarked that Dr. Joseph Heck is revising the bombing injuries curriculum that was developed by the American College of Emergency Physicians to focus on the interface between the security officers in the hotel casinos and EMS. The Las Vegas security chiefs are willing to provide this training to their personnel so there is a possibility to train up to 5,000 security officers in Clark County. There is also an opportunity to present this training at an international conference in November of this year.

F. Clark County Fire Department Extrication Demonstration

Captain Leo Durkin educated the Board about the advanced high strength steel being used in the manufacturing of foreign and domestic automobiles. The Board is reviewing proposed changes to the Trauma Field Triage Criteria protocol in relation to intrusion distances and extrication criterias.

Captain Durkin emphasized that the use of this new steel will change the way vehicles will react to side impact and rollover accidents. These new steels are ten times stronger and 40% lighter in weight. They have a low percentage of elongation so when force is applied, it does not want to bend. It would take upwards of 200,000 pounds of pressure to get this steel to yield. The goal for this steel is to reduce intrusion and prevent the vehicle from coming into the passenger compartment from the side. It is important that EMS be educated about this new steel because even if the car may look intact, it could have been involved in a serious accident which could have caused serious injuries to the passengers.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Suzanne Cram introduced herself to the Board. She is the CEO of Desert Canyon Rehabilitation Hospital and is willing to support the Board with her perspective in rehabilitation as well as her extensive knowledge from working in the hospital community.

IV. PUBLIC COMMENT

None

V. **ADJOURNMENT**

As there was no further business on the agenda, Chairman Britt advised that Clark County Fire Department would be performing an extrication demonstration for the members in the Ravenholt's Public Health Center's parking lot and she called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:11 p.m.