



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

April 15, 2009 - 2:30 P.M.

MEMBERS PRESENT

Mary Ellen Britt, RN, Chairman	Kim Dokken, RN, St. Rose Siena Hospital
Michael Metzler, MD, Sunrise Hospital	Dan Petcavage, RN, University Medical Center (Alt.)
Susan Hilger, General Public Representative	Sean Dort, MD, St. Rose Siena Hospital
Larry Johnson, EMT-P, MedicWest	Scott Cassano, Health Plan of Nevada
Deborah Kreun, ThinkFirst-NV	Allen Marino, MD, MAB Chairman
Melinda Hursh, RN, Sunrise Hospital	John Fildes, MD, University Medical Center (by phone)
Joseph Melchiode, MountainView Hospital (Alt.)	

MEMBERS ABSENT

Brian Rogers, EMT-P, Henderson Fire Dept	William Wagon, MountainView Hospital
Gregg Fusto, RN, University Medical Center	

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager	John Hammond, EMSTS Field Representative
Moana Hanawahine-Yamamoto, Recording Sec.	Mike Bernstein, SNHD Health Educator

PUBLIC ATTENDANCE

Julie Siemers, RN, Mercy Air Service	Eric Dievendorf, EMT-P, AMR-Las Vegas
Suzanne Cram, Desert Canyon Rehabilitation Hospital	Shaun S., HPN
Minta Albietz, RN, Sunrise 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, April 15, 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. 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: 3/18/09

Chairman Britt asked for approval of the minutes of the March 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 Medical Advisory Board (MAB) Meeting

1. Clarification Regarding Physician Order for Termination of Resuscitation

The termination of resuscitation protocol allows licensed EMS personnel to discontinue resuscitation by physician order when the following conditions have been met for traumatic arrests:

1. Open airway with basic life support measures
2. Provide effective ventilation with 100% oxygenation for two minutes
3. Perform bilateral needle thoracentesis if tension pneumothorax suspected

The subcommittee wanted confirmation that all traumatic arrest patients' termination of resuscitation be given by a physician in a trauma center within the designated catchment area. The trauma program managers reiterated that they want all traumatic arrest patients' resuscitation to be discontinued by an order given by a physician in a trauma center within the assigned catchment area as defined in the trauma field triage protocol.

Dr. Marino asked that the physicians' at all three trauma centers be educated about the termination of resuscitation protocol.

2. Discussion of Revisions to the Trauma Field Triage Criteria (TFTC) Protocol

Dr. Marino introduced proposed changes to the TFTC protocol based on the recommendations in the Guidelines for Field Triage of Injured Patients published in the Morbidity and Mortality Weekly Report on January 23, 2009 by the Centers for Disease Control and Prevention. Dr. Marino mentioned that the Health District would like to investigate how these changes will affect the trauma system before the item is brought back to the Board.

3. Discussion of EMS/Trauma Performance Improvement Indicators

The committee has developed a list of EMS/Trauma performance improvement indicators but did not have time to go over the details for the reporting process. The MAB supports the committee's mission and is very interested in the ten minute on scene times, needle thoracostomy cases and protocol deviations. Dr. Marino reminded the trauma centers that all protocol deviations need to be reported the EMS agencies directly and the total counts of protocol deviations will be reported to the EMS/Trauma performance improvement committee.

B. Report on Trauma Overload/Internal Disaster Declarations

Kim Dokken explained that St Rose Siena declared an internal disaster (ID) on March 11, 2009 from 1:30 a.m. to 3:00 p.m. EMSsystem was updated to show their ID status and all of the dispatch centers were notified. Ms. Dokken noted that she had neglected to call the other trauma centers but Dr. Metzler mentioned that the incident had been reported on the news so everyone was well aware of their situation. There had been a shooting in the emergency department which resulted in the hospital becoming a crime scene.

St Rose Siena also declared an internal disaster on March 12, 2009 from 2:30-9:30 p.m. due to a plumbing issue which resulted in a flood on the third, second and first floors and resulted in 54 patients being evacuated. EMSsystem was updated, all of the dispatch centers were notified and all of the trauma centers were called.

Ms. Britt stated that a complete report was provided to the Health District and shared with the Trauma Medical Audit Committee.

C. Discussion of Draft Clark County Trauma System Regulations

Summary of Changes to the Clark County Trauma System Regulations

Made minor housekeeping changes throughout the document by uncapitalizing a word or a term when it does not refer to a meaning defined in subsections 100.010 to 100.170.

- 100.070 Deleted reference to revised trauma score in definition
- There is a proposal to remove the revised trauma score from the TFTC protocol and the trauma centers stated that the revised trauma score is not included in any definition of a trauma patient. This term is utilized for documentation purposes only.
- 100.120 Made minor housekeeping change (“Patient With Trauma” is a definition so the first letter of each word should be capitalized)
- 300.000 VI A. Added “Level II Center for the Treatment of Trauma from applying for initial Authorization as a Level I Center for the Treatment of Trauma, at any time; or”
- There has always been an understanding that a Level II could apply to become a Level I but it was not included in the Regulations so the above language has been added to rectify that situation.
- 300.000 VI B. Made minor housekeeping change (added the word “A” to the beginning of the sentence)
- 300.000 VII. Changed NAC reference from 450B.824 to 450B.828
- After review of the NAC, the designation process is outlined through NAC 450B.828.
- 300.100 V. Changed NAC reference from 450B.824 to 450B.828
- After review of the NAC, the designation process is outlined through NAC 450B. 828.
- 400.000 II A1. Made minor housekeeping changes
- Reference to the terms “trauma medical directors” and “designated trauma centers” will be consistent with the trauma performance improvement plan
- 400.000 II A2. Made minor housekeeping changes
- Reference to the term “designated trauma center” will be consistent with the trauma performance improvement plan
- 400.000 II C1. Made minor housekeeping change
- Reference to the term “non-trauma center hospital” will be consistent with the trauma performance improvement plan
- 400.000 II C7. Added a non-standing position to the RTAB representing rehabilitation services
- Rehabilitation services is part of the overall mission in providing oversight of the trauma system.
- 400.000 IV. Changed the term of appointment on the RTAB from one year to two years
- Current members agreed that it takes at least 6 months to become familiar with the issues discussed at the RTAB. There is also a cost involved with each term because the general public representative position must be posted in the Las Vegas Review Journal. All nominations must be reviewed by the RTAB Member Nominating Committee prior to giving their recommendation to the Chief Health Officer for final appointment. All current members have agreed to the change in the term of appointment. Members are also aware that they have the ability to resign if necessary and a replacement will be sought.

- 400.000 XI. Added language “The RTAB members shall disclose any direct or indirect interest in or relationship with any individual or organization that proposes to enter into any transaction with the Board (NRS 281A.420)
- 500.000 I. Added “when functioning as a peer review committee”
- Allows consistency with the trauma performance improvement plan when referring to the Trauma Medical Audit Committee (TMAC)
- 500.000 III. Added “the following” and removed “appointed by the Health Officer”
- Change due to redundancy in the next sentence
 - Allows consistency with the trauma performance improvement plan when referring to TMAC membership
- 500.000 III B6. Added “center hospitals” and removed “facilities”
- Allows consistency with the trauma performance improvement plan when referring to non-trauma center hospitals
- 500.000 V. Changed the term of appointment on the TMAC from one year to two years
- This is a quarterly meeting so it takes time for the new appointees to become familiar with the TMAC’s role. All current members have agreed to the change in the term of appointment. Members are also aware that they have the ability to resign if necessary and a replacement will be sought.
- 500.000 X. Added “when functioning as a peer review committee”
- Allows consistency with the trauma performance improvement plan when referring to the Trauma Medical Audit Committee (TMAC)

There was a motion to accept all of the proposed changes to the Clark County Trauma System Regulations. The motion was seconded and passed unanimously.

Ms. Britt advised the Board that the regulations will be taken to the Board of Health in May for their endorsement.

D. Discussion of Nominations for Annual Renewal of Non-standing RTAB Members

Tabled due to the Board’s decision to change the term of appointment from one year to two years.

E. Review of Trauma Transport Data

The trauma transport data for February 2009 was revised after additional information regarding unknown locations were submitted by the EMS agencies. The out of area (OOA) percentage in February was changed from 4.7% to 5.6% so the EMS agencies will not be required to provide justification for the OOAs. The trauma transport data for March 2009 and the trend line analysis for the past 12 months were also reviewed. Rory Chetelat suggested that the trendline graph be separated to appropriately depict the data from each trauma center more accurately.

Since the OOAs in March were only 3.5% which is below the Board’s threshold, further investigation into the reasons for each OOA is not necessary at this time. Ms. Britt reported that the Office of EMSTS has access to FirstWatch so now the office is able to find most of the unknown locations directly. This information should help reduce the chance of the monthly OOA percentage increasing dramatically.

Susan Hilger noticed that most of the out of area transports were in the mechanism category and were discharged. Dr. Metzler explained that mechanism is the softest field triage criteria. Ms. Dokken also added that having a discharge disposition does not mean the patient should not have been transported to a trauma center. The reason for the disposition could be attributed to the trauma center performing the appropriate work up in a timely manner.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Deborah Kreun stated that the next Southern Nevada Injury Prevention Partnership (SNIPP) meeting will be on April 28, 2009. The Clark County Coroner's office will be giving an overview of the data that was reported in the 2008 Clark County Trauma System Report. The report revealed that over 50% of trauma deaths occur on scene. The committee would like to drill down on this data so that they can begin to address some of the issues through injury prevention programs. Dr. Metzler added that in the fourth quarter of 2008, half of the on scene deaths were due to suicide.

Mike Bernstein mentioned that Jeanne Cosgrove from Sunrise Hospital will be reporting on the community assessment of pediatric injuries and deaths at the SNIPP meeting in April. There will also be some discussion regarding the fall prevention program and how the program can be expanded with limited funding.

Melinda Case attended the Society of Trauma Nurses (STN) Annual Conference in Phoenix, AZ. The global objectives for this conference were to discuss trauma system development, team building trauma performance improvement, societal issues and advancements in trauma patient care and management. Ms. Case also mentioned that there are some hospitals in the testing phase of a trauma-based benchmarking program and the STN is expanding their role in collaborations with other medical organizations like the American College of Surgeons and the American Trauma Society.

Ms. Britt included an overview of the National Trauma Center Stabilization Act which would provide federal grants for trauma centers that are struggling due to the increased costs of providing health care and uncompensated charity care. The bill ties into the need for preparedness for mass casualty incidents.

As a follow-up to the extrication demonstration performed at the March RTAB meeting, Ms. Britt noted that Clark County Fire Department is not currently collecting data on the type of vehicles involved in motor vehicle crashes but they will investigate if there is a way to track extrication times to see if the use of these high strength steels in automobiles is making it more difficult for the fire department to extricate injured patients.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Chairman Britt called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:02 p.m.