



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

April 21, 2010 - 2:30 P.M.

MEMBERS PRESENT

Kim Dokken, RN, Chairman, St Rose Siena Hospital	Rory Chetelat, Regional Trauma Coordinator (Alt.)
Larry Johnson, EMT-P, MedicWest Ambulance	William Wagnon, MountainView Hospital
Susan Hilger, General Public Representative	Sean Dort, MD, St. Rose Siena Hospital
Suzanne Cram, Desert Canyon Rehabilitation Hospital	Troy Tuke, EMT-P, Clark County Fire Dept
Melinda Case, RN, Sunrise Hospital	John Fildes, MD, University Medical Center
Michael Metzler, MD, Sunrise Hospital	Gregg Fusto, RN, University Medical Center
Deborah Kreun, ThinkFirst-NV	Allen Marino, MD, MAB Chairman

MEMBERS ABSENT

Scott Cassano, Health Plan of Nevada	Mary Ellen Britt, Regional Trauma Coordinator
--------------------------------------	---

SNHD STAFF PRESENT

Mike Bernstein, SNHD Health Educator	John Middaugh, MD, Dir. of Div. of Community Health
Moana Hanawahine-Yamamoto, Recording Sec.	

PUBLIC ATTENDANCE

Teresa Conley, St. Rose Siena Hospital	Ada Cavazos, CCHMC
Marina Clark, NCTI Paramedic student	

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 21, 2010. Chairman Kim Dokken 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 Dokken noted that a quorum was present.

I. CONSENT AGENDA

Chairman Dokken 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: 1/20/10

Chairman Dokken asked for approval of the minutes from the January 20, 2010 meeting. A motion was made, seconded and passed unanimously to approve the minutes.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of University Medical Center's Application for Renewal of Authorization as a Level I Center for the Treatment of Trauma and Level II Pediatric Center for the Treatment of Trauma

UMC submitted their Application for Renewal of Authorization as a Level I Center for the Treatment of Trauma and Level II Pediatric Center for the Treatment of Trauma. UMC has submitted their trauma data to the Health District in a timely manner and has complied with the Clark County and State Health Division's Trauma System Regulations.

Dr. Michael Metzler made a motion to approve UMC's Application for Renewal of Authorization as a Level I Center for the Treatment of Trauma and Level II Pediatric Center for the Treatment of Trauma. The motion was seconded and passed unanimously.

B. Discussion of Nominations for Four Non-standing RTAB Member Seats

Rory Chetelat reminded the Board that the Health District will be accepting nominations for four non-standing RTAB member seats until May 31, 2010. The open positions are representatives from the public member-at-large, health education and prevention services, payers of medical benefits and administrator from a non-trauma hospital. A "Public Notice" seeking qualified volunteers from the community to serve on the RTAB as the public member-at-large was posted in the Las Vegas Review Journal. The RTAB Member Nominating Committee will meet and forward their recommendations to Dr. Lawrence Sands, Chief Health Officer, for his final appointment. The term of appointment for these positions will be from July 1, 2010 to June 30, 2012.

C. Update on Transfer of Radiological Studies Between Healthcare Facilities

Ms. Dokken mentioned that the three trauma centers are continuing to work through PACS access issues between each facility. The hope is that if the problem with viewing medical imaging can be resolved within the three trauma centers, the proof of concept can be used for the other hospitals in Clark County and out of state.

Bill Welch, President of the Nevada Hospital Association (NHA), scheduled a meeting with William Wagon to better understand the role the NHA can play with regard to the issue of duplicating radiological studies between healthcare facilities. The Health District is waiting for the outcome from this meeting. Mary Ellen Britt contacted Scott Cassano from Health Plan of Nevada to discuss the cost of duplicate imaging from the perspective of a payer of medical benefits. She has not received a response.

D. Discussion of Hospital Destination Fees in Clark County

The Health District has dedicated staff to the trauma system development and has previously discussed the possibility of adding a \$3,000 fee for trauma center authorization and reauthorization to the fee schedule. It has been decided that the fee will be called a Hospital Destination fee. New fees must be discussed in a public workshop. The office will continue to keep the Board informed of the progress of this additional fee to the fee schedule.

E. Report of Trauma Overload/Internal Disaster (TO/ID) Declarations

Mr. Chetelat mentioned there was a trauma overload declaration made by Sunrise Hospital & Medical Center on January 1, 2010 from 3:25 a.m. until 4:45 a.m. The circumstances that led to the declaration were an influx of three gunshot wounds (GSW) at one facility and two transfers from outlying facilities. They were already treating two trauma patients and one of them was an orthopedic case that was in the OR. One of the GSWs had to go to the OR for an exploratory laparotomy. It was determined that the anesthesia services were at capacity at that point. All of the dispatch centers as well as the other two trauma centers were notified but there was a problem with dispatch relaying the message properly. The Trauma Overload/Internal Disaster Review committee

members consisted of Dr. John Fildes, Dr. Allen Marino, Kim Dokken, Larry Johnson and William Wagon. The review committee members all agreed that the trauma overload status was done in the best interest of patient safety, the policies and procedures of both the Health District and Sunrise Hospital were followed and the period of time was considered to be reasonable.

F. Discussion of Revision to Notification Process for Declaration of TO/ID in Trauma Bypass Plan

The Trauma Medical Audit Committee would like revisit the notification process for declaration of a Trauma Overload/Internal Disaster (TO/ID) in the Trauma Bypass Plan. The hope is to find a more efficient mechanism of notifying the appropriate agencies of a TO/ID. Troy Tuke has added this topic to the agenda for the next valley wide EMS meeting for further discussion. There was a suggestion to have the dispatch centers monitor the EMS system to trigger a TO/ID notification but this would require the dispatchers to constantly scroll down to see the specialty hospitals on EMS system and check if any trauma centers were on TO/ID. This type of manual alert system leaves room for TO/IDs to be overlooked and when a trauma center has declared a trauma overload, it is very important that trauma transports by EMS be temporarily diverted.

Ms. Dokken advised the Board to review the rest of the Trauma Bypass Plan for possible revisions. Suzanne Cram noticed that #3 instructs EMS Personnel to contact the hospital declaring a trauma overload (TO) for direction on destination and patient care issues for trauma transports within their catchment area. Dr. Allen Marino suggested that it be changed to, "Upon the process of a hospital declaring a TO, EMS Personnel with trauma transports from that catchment zone shall go to the closest most appropriate facility." It was decided to continue the review of this document at the next meeting.

G. Update on Trauma System Assessment in Clark County

Dr. John Middaugh advised that in anticipation of the need to make future decisions about Clark County's EMS and Trauma System, the Health District has conducted an evaluation of the existing trauma system and consulted with an ad hoc expert panel. The data proved that the number of trauma cases and the severity of those cases have fallen dramatically over the past three years. It also showed that the transport times were good and the existing trauma system has more capacity than cases. Therefore, a recommendation suspending any new trauma center designations for a two year period will be given to Dr. Sands with the caveat that there will be an annual review of the trauma system performance.

Mr. Chetelat reiterated that the regulations allow hospitals two options to apply for authorization as a center for the treatment of trauma: if a need is identified, the Board shall publish a request for proposal (RFP) for the addition of a center for the treatment of trauma or a hospital may submit an application for authorization as a center for the treatment of trauma. William Wagon strongly feels it would be best to remove the option of hospitals being able to submit an application for authorization as a center for the treatment of trauma at will. The criteria from the annual assessment of the system should prompt the need to expand or contract as a trauma system.

This suggestion would require a regulation change and Mr. Chetelat explained that in the past, legal counsel did not believe it was the Health District's role to restrict trade. Mr. Wagon stated this will allow hospitals to appeal if their application is denied. Mr. Chetelat noted that after the position paper is written, it will be identified if a regulation change is needed.

H. Review of Trauma Transport Data

The Board has continued to see a steady decline in the volume of trauma patients. There is also no evidence of delay in access to care. 92% of all trauma transports are within 30 minutes or less. William Wagon felt that the GIS map illustrated that transport times seemed longer when geographically closer to a trauma center. Mr. Chetelat noted that traffic is usually a little more congested in these areas. There was also a comment that if a patient has been categorized as

mechanism only, the transport time is not as important. Ms. Dokken would like the Trauma Medical Audit Committee to begin reviewing the GIS maps to drill down on some of the data.

The out of area (OOA) percentages for January and February 2010 were under the 5% threshold so the EMS agencies were not required to provide justification for the OOA transport.

I. Discussion of Changing Frequency of RTAB Meeting

The Board has decided to continue to meet quarterly unless there are issues that need immediate attention.

A motion was made to continue to have the RTAB meet quarterly with the caveat that additional meetings may be added if deemed necessary. The motion was seconded and passed unanimously.

III. **INFORMATIONAL ITEMS/DISCUSSION ONLY**

Report on Southern Nevada Injury Prevention Partnership Meeting

Deborah Kreun explained that SNIPP is continuing to learn about the injury prevention programs available in Clark County and is part of facilitating the collaboration of these resources. The committee would also like to begin to develop a community health and injury assessment which will help target injury prevention efforts. Ms. Dokken added that as the trauma data collection matures, the Board will be able to forward the information to SNIPP to help with prevention activities. Ms. Kreun will also ask if there is anyone interested in serving on the Board as the health education and prevention services representative at the next SNIPP meeting.

IV. **PUBLIC COMMENT**

None

V. **ADJOURNMENT**

As there was no further business on the agenda, Chairman Dokken called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:19 p.m.