



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

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

MEMBERS PRESENT

Kim Dokken, RN, Chairman, St Rose Siena Hospital Mary Ellen Britt, Regional Trauma Coordinator
Larry Johnson, EMT-P, MedicWest Ambulance Sajit Pullarkat, Centennial Hills Hospital (Alt.)
Melissa Vaheer, General Public Representative Kate Osti, General Public Representative (Alt.)
Yvonne Smith-Hoch, Rehab Without Walls Troy Tuke, EMT-P, Clark County Fire Dept
John Fildes, MD, University Medical Center Michael Metzler, MD, Sunrise Hospital
Melody Talbott, RN, University Medical Center (Alt.) Allen Marino, MD, MAB Chairman
Mike Bernstein, SNHD Chronic Disease Prevention and Health Promotion (Alt.)

MEMBERS ABSENT

Leslie Johnstone, Health Services Coalition Sean Dort, MD, St. Rose Siena Hospital
Melinda Case, RN, Sunrise Hospital Wilbert Townsend, SNHD – Epidemiology
Kimball Anderson, Southern Hills Hospital Gregg Fusto, RN, University Medical Center

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director John Hammond, OEMSTS Field Representative
Moana Hanawahine-Yamamoto, Recording Sec.

PUBLIC ATTENDANCE

Teresa Conley, St. Rose Siena Hospital Susan Hilger
Joanna Young, RN, Centennial Hills 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, July 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: 4/21/10

Chairman Dokken asked for approval of the minutes from the April 21, 2010 meeting. A motion was made, seconded and passed unanimously to approve the minutes.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Recognition of Service Awards

Mary Ellen Britt announced there were four members leaving the Board from the previous term. She expressed the Board's appreciation for their time and participation in the development of the Clark County trauma system. Ms. Britt presented Susan Hilger with a recognition award and thanked her for her service. Ms. Hilger offered such a diverse perspective as a member. She was the general public representative but her medical and legal backgrounds also provided additional layers of analysis.

Scott Cassano, Deborah Kreun and William Wagon were unable to attend but their recognition awards will be mailed to them.

B. Welcome and Introduction of New Members

Dr. John Fildes, Trauma Medical Director, UMC

Melody Talbott (Gregg Fusto's alternate), Trauma Program Manager, UMC

Dr. Michael Metzler, Trauma Medical Director, Sunrise

Kim Dokken, Trauma Program Manager, St. Rose – Siena

Dr. Allen Marino, Chairman, Medical Advisory Board

Yvonne Smith-Hoch, Rehab Without Walls, rehabilitation services

Larry Johnson, AMR-LV/MedicWest, private franchised provider of advanced emergency care

Melissa Vaheer, general public

Kate Osti, general public alternate

Mike Bernstein (Wilbert Townsend's alternate), health education and injury prevention services representative

Sajit Pullarkat (Kimball Anderson's alternate), Centennial Hills Hospital, administrator from a non-trauma hospital

Troy Tuke, Clark County Fire Department, public provider of advanced emergency care

Melinda Case, Sunrise Trauma Program Manager, Dr. Sean Dort, St Rose – Siena's Trauma Medical Director, and Leslie Johnstone from Health Services Coalition are also members on the Board but were not present. Ms. Britt welcomed the new members and expressed appreciation for their willingness to serve on the Board.

C. Update on Transfer of Radiological Studies Between Healthcare Facilities

Ms. Britt reiterated the ongoing problem with transferring medical imaging between healthcare facilities. There are concerns about delays in care and additional expenses incurred when radiological studies performed at the sending facility need to be repeated because they were unable to view the original studies at the receiving facility. The Trauma Medical Audit Committee (TMAC) has been researching the possibility of securing a mechanism for authorized healthcare providers to gain access to diagnostic studies performed at another facility.

Dr. Metzler and Ms. Britt met with the Nevada Hospital Association to see if they would be able to help with this problem. Unfortunately, they did not believe they were the appropriate forum for this issue. Ms. Britt also investigated a product which allows the ability to securely collect, view and share diagnostic cases among hospitals, physicians and patients but it was too expensive. Therefore, the TMAC determined a meeting with the PACS administrators from each hospital system would be the next plan of action.

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

The current trauma bypass plan requires a trauma center who has declared a trauma overload (TO) to notify all of the dispatch centers as well as the other two trauma centers. This notification

process consists of nine phone calls that need to be made during a time when the trauma center is extremely busy. The trauma program managers asked if it would be possible to have only one call for the dispatch centers rather than seven.

EM Resource and the all call 800 mhz radio are alternative options for the notification process. However, there is little to no compliance for monitoring these systems. Troy Tuke explained there will be a meeting on July 29 between the State and the Fire Alarm Office (FAO) to discuss issues with EM Resource guidelines and compliance with monitoring the system. EM Resource is included in all of the State's mass casualty plans so it is imperative that the system is being utilized appropriately and effectively. Mr. Tuke felt it would be best to wait for the outcome of this meeting and the Board agreed.

Dr. Joseph Heck noted that the Office of Emergency Medical Services and Trauma System (OEMSTS) would be able to generate scheduled testing of EM Resource if needed. Dr. Marino asked that the hospital representatives on the Board remind their hospital systems of the importance of monitoring the 800 mhz radio and responding to the all call testing.

E. Update on SNHD Trauma Center System Report

OEMSTS staff conducted an evaluation of the existing trauma system and reported its finding to the Board on Health on May 27. After reviewing the data from 2007-2009, it was evident that the existing system is serving the community well. There is no evidence of lack of access to trauma care, transportation times are good and there is more capacity in the existing trauma care system than cases. It was concluded that there is no identified need or justification for system expansion at this time and the Board requested that the OEMSTS report back if changes occur.

F. Review of Trauma Transport Data

The out of area (OOA) percentage for May 2010 was 6.1% so the EMS agencies will be required to provide justification for the OOA transport and the data will be reported at the next meeting.

The Board has continued to see a steady decline in the volume of trauma patients but individual trauma center trendlines are no longer as steep.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report on Southern Nevada Injury Prevention Partnership Meeting

Mike Bernstein reported that there were two interesting presentations at the last meeting. The UMC Violence Intervention program is a program that approaches high risk youth who have entered into the trauma system and tries to work with those individuals to prevent re-injury. The program targeted a specific zip code and noticed a small reduction in the repeat violence. They are currently trying to find additional resources to expand the program.

The second presentation was presented by Wilbert Townsend from SNHD Epidemiology. He analyzed the hospital discharge data from Joseph Greenway's office at UNLV and the mortality data from the Clark County Coroner's office. The objective was to identify the risk factors associated with mortality and injury. The data was promising; however, it is difficult to identify the trends with only one year of data so Mr. Townsend is hoping to compile the data from 2006 and 2007 as well.

Mr. Bernstein advised the next meeting will be on October 14, 2010 and will include a presentation from the Trauma Intervention program and a State Injury report by Dr. Michelle Chino from UNLV.

B. Update on Terrorism Injuries: Information, Dissemination & Exchange Grant

The primary objective for the grant has been to create automated linkages of data sources. Ms. Britt advised that they anticipate the ePCR program will be fully operational by the end of the calendar year. This would allow a proof of concept to link prehospital records to the inpatient records. The Health District also has a new informatics scientist who is creating the framework for the District to become a central repository for these data. The office also has a biostatistician who is doing spatial and temporal analysis of the trauma field triage criteria data.

800 DVDs of SNHD's Bombings: Awareness, Injury Patterns and Care course have been distributed to date and Dr. Heck will be presenting this program at the Global Gaming Expo in Las Vegas in November 2010. On August 24, the office will be hosting a four hour trauma conference in Laughlin, NV. The training will target security personnel, EMS and other healthcare providers.

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 3:20 p.m.