

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

October 20, 2010 - 2:30 P.M.

MEMBERS PRESENT

Kim Dokken, RN, Chairman, St Rose Siena Hospital Eric Dievendorf, EMT-P, AMR-LV (Alt.) Melissa Vaher, General Public Representative John Fildes, MD, University Medical Center Gregg Fusto, RN, University Medical Center Sean Dort, MD, St. Rose Siena Hospital Leslie Johnstone, Health Services Coalition Mary Ellen Britt, Regional Trauma Coordinator Sajit Pullarkat, Centennial Hills Hospital (Alt.) Brent Hall, EMT-P, Clark County Fire Dept (Alt.) Melinda Case, RN, Sunrise Hospital Michael Metzler, MD, Sunrise Hospital David Slattery, MD, MAB Chairman Wilbert Townsend, SNHD – Epidemiology

MEMBERS ABSENT

Larry Johnson, EMT-P, MedicWest Ambulance Troy Tuke, EMT-P, Clark County Fire Dept Yvonne Smith-Hoch, Rehab Without Walls Kimball Anderson, Southern Hills Hospital

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical DirectorJohn Hammond, OEMSTS Field RepresentativeMoana Hanawahine-Yamamoto, Recording Sec.Rory Chetelat, OEMSTS ManagerMike Bernstein, SNHD Chronic Disease Prevention and Health PromotionHealth Promotion

PUBLIC ATTENDANCE

Teressa Conley, RN, St. Rose Siena Hospital Melody Talbott, RN, University Medical Center Abby Hudema, RN, University Medical Center Dr. Russell Grnen, Alfred Health Australia

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, October 20, 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. <u>Chairman Dokken noted that a quorum was present</u>.

Regional Trauma Advisory Board Member Introduction:

Wilbert Townsend – SNHD Epidemiologist, Health education and prevention services representative Eric Dievendorf – AMR-LV, Alternate for private franchised providers of advanced emergency care representative Gregg Fusto, RN – UMC Trauma Program Manager Kim Dokken, RN – St Rose Siena Trauma Program Manager Mary Ellen Britt, RN – SNHD Regional Trauma Coordinator Dr. Michael Metzler – Sunrise Trauma Medical Director Melinda Case, RN – Sunrise Trauma Program Manager Dr. Sean Dort – St Rose Siena Trauma Medical Director Regional Trauma Advisory Board Meeting Minutes Page 2

Sajit Pullarkat – CEO Centennial Hills Hospital, Alternate for administrator from a non-trauma hospital Dr. John Fildes – UMC Trauma Medical Director

Leslie Johnstone – Health Services Coalition, Representative for payers of medical benefits for the victims of trauma Brent Hall – Clark County Fire Dept, Alternate for public providers of advance emergency care representative Dr. David Slattery – Medical Director for Las Vegas Fire & Rescue, Chairman of Medical Advisory Board

I. <u>CONSENT AGENDA</u>

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: 7/21/10

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

II. <u>REPORT/DISCUSSION/POSSIBLE ACTION</u>

A. <u>Discussion of St. Rose Siena's Application for Renewal of Authorization as a Level III Center for</u> <u>the Treatment of Trauma</u>

St. Rose-Siena submitted their application for renewal of authorization as a Level III center for the treatment of trauma. Ms. Britt reported that St. Rose-Siena has complied with the EMSTS and State Health Division's Regulations. St. Rose-Siena has also actively participated in the RTAB and Trauma Medical Audit Committee and has documented their commitment to continue to provide trauma services.

Dr. Michael Metzler made a motion to approve St. Rose-Siena's Application for Renewal of Authorization as a Level III Center for the Treatment of Trauma. The motion was seconded and passed unanimously.

Ms. Britt mentioned that she will be presenting St. Rose Siena's application to the Board of Health for their approval on Thursday, December 16 at 8:30 a.m.

B. Update on Transfer of Radiological Studies Between Healthcare Facilities

Mary Ellen Britt explained the issue regarding transferring radiological studies between healthcare facilities was brought to the Trauma Medical Audit Committee (TMAC) in July of 2009. There are issues with 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 imaging at the receiving facility. The Nevada Hospital Association was asked to help with this matter and after six months of consideration, they did not believe they were the appropriate forum for this issue and redirected it back to the TMAC.

The PACS administrators and IT/IS leadership from each hospital system agreed it was in the interest of patient care to investigate options to share radiological images between healthcare facilities and it was determined that it would be best to do a proof of concept between the three trauma centers. The memorandums of understanding are already being circulated to each of the trauma center's legal departments. 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.

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

The 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.

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The trauma program managers asked if it would be possible to make only one phone call for the dispatch centers rather than seven. EM Resource (formerly EMSystem) is an alternative option for the notification process; however, there is little to no compliance for monitoring this system. Brent Hall noted that Troy Tuke has added this item to the agenda for the next Valley-wide EMS meeting in November.

D. Review of Trauma Transport Data

Ms. Britt noted the volume of trauma patients has increased slightly. The out of area (OOA) percentage for June was under 5% but went up in July and August. EMS agencies will be required to provide justification for the OOA transports in July and the data will be reported at the next meeting. The Health District will begin to reinforce the importance of why the catchment areas were created with the individual EMS providers and corrective action will be taken on repeat offenders. Clark County Fire Department advised the new Sansio reporting system will bring up the trauma catchment map once the patient has been identified as a trauma field triage criteria patient. Dr. David Slattery inquired about the possibility of having dispatch select the trauma center destination based on the incident location and was asked to check on the feasibility of this option with the fire alarm office.

There is some funding available through the Terrorism Injuries: Information, Dissemination & Exchange (TIIDE) grant so a biostatistician has been added to provide a more in-depth analysis of the trauma data. Dr. John Fildes asked that the pediatric age information be reported on the trauma transport data. Ms. Britt advised that age is separated into two categories: adult (15 years or older) and pediatric (0-14 years) and will be added to the report.

Dr. Slattery also explained the former EMS/Trauma Performance Improvement Committee was folded into the existing Quality Improvement Director's meeting under the Medical Advisory Board. On a quarterly basis, trauma performance improvement issues will be discussed and representatives from trauma will be invited to participate.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

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

Philip Dabney informed SNIPP members about the Trauma Intervention Program (TIP) of Southern Nevada. TIP includes a group of very well-trained volunteers who are called to assist those who have experienced a crisis in their lives. Wilbert Townsend added that pool safety drowning legislation was opposed due to resistance from the realtors association. City of Las Vegas, UMC and the YMCA are sponsoring free CPR training from November 13-20, 2010 throughout the Valley and the National Drowning Prevention will be participating in the 2010 International Pool Spa Patio Expo at Mandalay Bay from November 3-5, 2010.

Dr. Metzler advised Mr. Townsend that the TMAC has noticed a trend in the number of on-scene trauma deaths. In the second quarter of 2010, 64% of all trauma deaths occurred on-scene. These patients were not transported to a hospital so prevention efforts would be the only method to improve these numbers.

Jonathon LaValley gave a brief overview to the Board about the 1999-2006 report on Injury in Nevada. The project objective was to benchmark injury in Nevada using available data, describe the epidemiology of injury in Nevada, provide problem areas for future research on injury in Nevada and to evaluate trends. Conclusions from the report included Nevadans are at higher risk of injury-related deaths than the majority of the US. There were improvements in motor vehicle and pedestrian crashes, residential fire, drowning and environmental exposures. However, motorcycle crashes, unintentional poisoning, homicide, suicide and falls are challenges that still exist.

Ms. Dokken stated that the TMAC reviews the death data from the Clark County Coroner's office and the 2010 data show that suicide and homicide are on the rise.

B. UMC's Surge Capacity Presentation

Two years ago University Medical Center was recognized by the CDC as one of the two emergency departments in the nation for surge capacity. Mr. Fusto shared the trauma resuscitation surge capacity plan with the Board. The plan ensured surge capacity by creating appropriately equipped treatment areas. After physically going into each room and figuring out the most appropriate layout, they were able to increase their bed capacity from 11 to 25 beds. Mr. Fusto reiterated the importance of keeping the plan simple and easy to follow. Staff participation is required and periodic training and drills are crucial.

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

The Health District has been approved for a fourth year of grant funding of \$35,000. Dr. Richard Hunt, Director of the CDC Division of Injury Response, would like the Health District to focus on medical surge capacity issues at the local level and then report outcomes at the national level. Next, he would like the Health District to take the bomb blast injury training for security personnel at the national level as well. Dr. Joseph Heck will be presenting this training at the Global Gaming Expo in November and has been asked to give this presentation in the spring in New York to an International audience. Lessons learned from international bombings events have helped us recognize the importance of the true first responders and their impact on controlling the scene and preventing large numbers of injured victims from self-transporting to hospitals in close proximity to the incident. Finally, Dr. Hunt asked Dr. Fildes in his role at the American College of Surgeons to assist in the development of courses for surgeons, other specialty physicians, prehospital personnel, law enforcement as well as bystanders as it relates to bomb blast injuries. Incidents occur infrequently so the knowledge for treatment of these types of injuries fade with time so these courses are meant to provide detailed information on the treatment of blast injuries in a very short timeframe.

IV. <u>PUBLIC COMMENT</u>

None

V. <u>ADJOURNMENT</u>

As there was no further business on the agenda, <u>Chairman Dokken called for a motion to adjourn</u>. The motion was seconded and passed unanimously to adjourn at 3:35 p.m.