



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)**

**REGIONAL TRAUMA ADVISORY BOARD**

**MAY 16, 2012 - 2:30 P.M.**

**MEMBERS PRESENT**

Gregg Fusto, RN, Chairman, University Medical Ctr	Mary Ellen Britt, RN, Regional Trauma Coordinator
Jay Coates, DO, University Medical Ctr (Alt.)	Melinda Case, RN, Sunrise Hospital
Kim Dokken, RN, St. Rose Siena Hospital	Michael Metzler, MD, Sunrise Hospital
Sean Dort, MD, St. Rose Siena Hospital	Wilbert Townsend, SNHD – Epidemiology
Eric Dievendorf, EMT-P, AMR-LV	Troy Tuke, EMT-P, Clark County Fire Department (Alt.)
Melissa Vaheer, General Public Representative	Kimball Anderson, Southern Hills Hospital
Leslie Johnstone, Health Services Coalition	David Slattery, MD, MAB Chairman
Linn Billingsley, Rehabilitation Services Rep.	

**MEMBERS ABSENT**

Scott Vivier, EMT-P, Henderson Fire Dept.	John Fildes, MD, University Medical Center
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**SNHD STAFF PRESENT**

Rory Chetelat, OEMSTS Manager	Mike Bernstein, SNHD – OCDPHP
John Hammond, OEMSTS Field Representative	Kelly Buchanan, MD, EMS Fellow
Moana Hanawahine-Yamamoto, Recording Secretary	

**PUBLIC ATTENDANCE**

Steve Johnson, MedicWest Ambulance	Melody Talbott, RN, University Medical Center
Frank Simone, EMT-P, North Las Vegas Fire Dept	Gail Yedinak, RN, University Medical Center
Erin McMullen, Snell & Wilmer	Karyn R. Doddy, MD, Disability 2 LLC
Scott Morris, North Las Vegas Fire Dept	Paul Stepaniuk, EMT-P, Henderson Fire Department
Kendall Heath, Nevada CCR	Linda Kalekas, Clark County School District
Eli Armstrong, EMT-I, MedicWest Ambulance	

**CALL TO ORDER – NOTICE OF POSTING**

The Regional Trauma Advisory Board convened in Classrooms # 1 and # 2 at American Medical Response – Las Vegas on Wednesday, May 16, 2012. Chairman Gregg Fusto called the meeting to order at 2:36 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Fusto noted that a quorum was present.

**I. PUBLIC COMMENT**

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

## II. CONSENT AGENDA

Chairman Fusto 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: 4/18/12

Chairman Fusto asked for approval of the minutes from the April 18, 2012 meeting. A motion was made, seconded and passed unanimously to approve the minutes.

## III. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Report from RTAB Member Nominating Committee

1. One administrator from a non-trauma center hospital system
2. One person representing health education and prevention services
3. One person representing the payers of medical benefits for the victims of trauma
4. One person representing the general public
5. One person with knowledge of legislative issues/advocacy
6. One person involved in public relations/media
7. One person with knowledge of system financing/funding

Chairman Fusto reported that the Committee nominated the following candidates:

1. One administrator from a non-trauma center hospital system - Sajit Pullarkat, Centennial Hills Hospital
2. One person representing health education and prevention services - Linda Kalekas, Clark County School District
3. One person representing the payers of medical benefits for the victims of trauma - Leslie Johnstone, Health Services Coalition
4. One person representing the general public - Kelly Boyers, Adam's Place
5. One person with knowledge of legislative issues/advocacy - Erin Breen, UNLV Transportation Research Center
6. One person involved in public relations/media - Jennifer McDonnell, St. Rose Dominican Hospitals
7. One person with knowledge of system financing/funding - no applications were received

Chairman Fusto noted that the Committee felt that the candidates should be given the ability to choose their own alternates, but added that the final decision and announcement will be made by Dr. Sands.

A motion was made by Dr. Metzler to accept the nominated candidates. The motion was seconded and passed unanimously.

Mary Ellen Britt stated that Dr. Sands will review the RTAB's recommendations and the appointment letters should go out within the next week. She is hoping to schedule an orientation for the new members by mid-June as the first meeting will be held on July 18<sup>th</sup>. Dr. Metzler asked if there was still a chance of obtaining a person with knowledge of system financing and funding. Ms. Britt replied that if a viable candidate shows interest, that candidate could go before the Board for recommendation of appointment to the vacant position. She related that a notice was sent out to over 160 individuals/organizations to try to identify interested parties, but no one submitted an application for that particular seat. Chairman Fusto asked whether the Board felt it would be worthwhile to send out another email regarding the vacant seat. Dr. Metzler felt it may be more effective to identify people with knowledge of system financing/funding and send them a letter directly.

Will Townsend suggested the Board include an injury epidemiologist or biostatistician to its membership at a future date. He added that as an injury epidemiologist he currently has access to the emergency room data, as well as data from 40 different hospitals. He stated, "Any one physician sees only a slice of the whole pie, so to speak, and they develop impressions as to what they see based on their experiences. Whereas, if this Board is to be more effective, I think that by it being a data driven decision making Board, an epidemiologist would be a fine person to have on this Board." Mr. Chetelat reported there have been multiple discussions with Dr. Middaugh regarding the need for staff assistance and the Board can certainly entertain the idea of adding a SNHD epidemiologist or biostatistician to its membership in the future. Ms. Britt commented that the Southern Nevada Injury Prevention Partnership (SNIPP) may be able to provide an individual to work at that level and report to the RTAB as another possibility. She stated that a regulation change would be required if the Board wanted to consider adding another member to the Board at this time. The process would include another public workshop and approval by the Board of Health. Mr. Chetelat reported that Dr. Middaugh's current strategy is to continue to build the injury and trauma epidemiology side within the Community Health division, and it may be worthwhile to wait and see how that growth happens within the Health District and the additional staff support that may become available. Ms. Britt recalled that in a prior meeting Dr. Middaugh talked to the Board about his overall strategic plan for data management. She agreed it may be better to wait to allow him to define that individual and how they would interface with the Board. Mr. Chetelat added that the Health District has frozen all hiring unless the position is absolutely essential due to the Health District's current status.

Mike Bernstein stated that he has been working with Dr. Coleman, a SNHD Epidemiologist, to try to get more data collected for injury prevention programming. He stated that for the time being he can be a conduit to present new data to the Board, along with the SNIPP updates.

B. Report from Trauma Procedure/Protocol Review Committee (TPPRC)

1. Review & Approval of Draft Trauma Procedure/Protocol Review Committee Bylaws

Dr. Dort reported that the TPPRC met on April 18<sup>th</sup> to review several issues, including the Trauma Field Triage Criteria (TFTC) protocol. The intent is to review the CDC National Field Triage Guidelines document and consider revisions to the TFTC protocol in its entirety. Any recommended changes to the TFTC protocol would be reported to the Board at some point for approval. The first order of business was to review the committee's bylaws. Language was added to clarify that after moving trauma related issues through the subcommittee level it would then be reported back to the RTAB and then the MAB. He stated that the draft bylaws will be on the agenda for approval at the next meeting.

2. Election of Chairman and Vice Chairman

Dr. Dort reported that he was elected Chairman, and Dr. Fildes was elected Vice Chairman of the TPPRC.

3. Discussion of Revisions to Trauma Field Triage Criteria Protocol

a. Consider Adoption by Reference of CDC 2011 Guidelines for Field Triage of Injured Patients

Dr. Dort reported that the TPPRC agreed to consider adopting the most recent CDC guidelines for the field triage of injured patients to fit the specific needs of the Clark County trauma system.

b. Discussion of Continuing the Practice of Transporting Step 1 & Step 2 Trauma Patients to Level I and Level II Designated Trauma Centers

Dr. Dort reported that the TPPRC agreed to continue to transport Step 1 and Step 2 trauma patients to the Level I and Level II designated trauma centers based on the guidelines previously set forth.

c. Consider Recommendations to Transport Pediatric Trauma Patients to Designated Pediatric

### Trauma Center

Dr. Dort reported that the TPPRC agreed to transport pediatric trauma patients to UMC as it is the only designated pediatric trauma center in Clark County. A recommendation was also made to allow other trauma centers that meet the criteria to pursue pediatric Level II trauma center designation.

#### d. Review of Southern Nevada Trauma Catchment Areas

Dr. Dort reported that a review of the Southern Nevada trauma catchment areas was tabled until the next meeting. Sunrise advised they would like to do a presentation regarding catchment areas at that time.

Ms. Britt announced that the next TPPRC meeting is scheduled for June 13<sup>th</sup>.

### C. Review of Trauma Transport Data

The out of area (OOA) EMS transports percentage for February was 5.1%; March was 3.9%. Ms. Britt directed the Board to a chart created by Moana depicting TFTC data for the past 12 months. She noted that Dr. Fildes' comment at the last meeting that the numbers are beginning to trend downward was an accurate perception on his part. Sunrise remained pretty flat, and the trend line for St. Rose was also down for that 12-month period. Ms. Britt added that Moana broke out the data, month-by-month and year-over-year from 2006 to present depicting the volume of TFTC patients transported to the three trauma centers. She reported that in 2006 it was fairly flat, and it began to trend down in 2007, 2008 and 2009; 2010 it started to trend back up; 2011 a slight increase. She noted that the percentages on the year-over-year chart depict an increase in volume of 14.5% between 2010 and 2011. Mr. Townsend questioned the use of a linear curve to depict the data shown. He suggested that a polynomial type curve would be a better representation. Moana indicated the trendline was calculated by the Excel program. Mr. Chetelat noted that support from the Epidemiology Department is important so we can obtain a higher level of data analysis in the future. Ms. Britt noted that the TFTC data, as currently displayed, has been reviewed by Drs. Coleman and Middaugh in the past.

Chairman Fusto asked whether GIS mapping would be beneficial. Dr. Metzler asked if the data could be broken down both geographically and by time of day. Ms. Britt related that Moana looks at every call, and that information is provided in a spreadsheet to Hetal in the Information Technology Department, who in turn does a GIS map of all the locations for each incident. She noted that unless you look at a very small slice of time, they are incredibly busy maps. She suggested they look at a single month just for a graphical display of where the cases are occurring. The nice thing about the map is that it has a layered effect so you can actually click on the individual incident and it will provide more specific information, like the TFTC criteria the patient met; so it's a great tool.

Dr. Slattery stated that if the addresses are already entered, he would be happy to offer the city's GIS mapping office to do some heat mapping and look at concentrations over time. It eliminates the individual data, which is difficult to assess, and gives you a picture of what has changed over time. He gave a word of caution regarding HIPAA implications for some of the GSI mapping due to individually identifiable addresses. A technique called "jiggering" may be a useful tool to use in this case. Ms. Britt noted that zip codes were utilized in reporting the drowning data so specific locations didn't need to be identified. The Board agreed to give Dr. Slattery the addresses and to draft a question that they would need answered.

### D. Recognition of Service Awards

Ms. Britt reported that June 30<sup>th</sup> marks the end of the 2-year period of service for some of the Board members. She gave a certificate of appreciation to Melissa Vaheer, Kimball Anderson and Wilbert Townsend to thank them for the time and participation as a member of the RTAB.

Ms. Britt announced that Moana will be leaving SNHD in a few weeks and heading back home to Hawaii. She added that Moana has been a phenomenal resource. Ms. Britt gave Moana a certificate of appreciation to thank her for all of her efforts on behalf of the EMS & Trauma System Office and the RTAB.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

A. Report from Emergency Medical Services Representative

None

B. Report from General Public Representative

None

C. Report from Non-Trauma Center Hospital Representative

None

D. Report from Payers of Medical Benefits Representative

None

E. Report from Rehabilitation Representative

Linn Billingsley reported that the first subcommittee meeting is scheduled for June 20<sup>th</sup>. Moana stated that eight people have expressed interest in serving. Ms. Britt stated the importance of having a representative from the trauma centers; someone on the front line who really knows the issues. The Board recommended identifying different types of people, such as case managers, payers of medical benefits, and organizations that may be willing to serve.

**IV. PUBLIC COMMENT**

Mr. Bernstein reported that he sent out a survey to approximately 35 people. The reason for the survey was to query potential and previous members regarding their participation in SNIPP. He stated that he received seven surveys back and there were a couple of interesting comments that he shared with Dr. Coleman. They discussed the need to develop the data piece so they can utilize the data to generate reports that can draw the interest of people in the community. Mr. Bernstein will put together a composite of the responses received and give the Board an overview at the next meeting.

**V. ADJOURNMENT**

As there was no further business on the agenda, Chairman Fusto called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:10 p.m.