



**MINUTES**

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

**REGIONAL TRAUMA ADVISORY BOARD**

**JULY 18, 2012 - 2:30 P.M.**

**MEMBERS PRESENT**

Gregg Fusto, RN, Chairman, University Medical Ctr	Mary Ellen Britt, RN, Regional Trauma Coordinator
David Slattery, MD, MAB Chairman	Michael Metzler, MD, Sunrise Hospital
John Fildes, MD, University Medical Center	Scott Vivier, Henderson Fire Department
Melinda Case, RN, Sunrise Hospital	Kim Dokken, RN, St. Rose Siena Hospital
Lisa Wilson, Centennial Hills Hospital (Alt.)	Stephen Johnson, MedicWest Ambulance (Alt.)
Leslie Johnstone, Health Services Coalition	Kelly Thomas Boyers, Adam's Place
Erin Breen, Transportation Research Center, UNLV	Linn Billingsley, Rehabilitation Services Rep.
Diana Taylor, RN, Clark County School District (Alt.)	

**MEMBERS ABSENT**

Sajit Pullarkat, Centennial Hills Hospital	Sean Dort, MD, St. Rose Siena Hospital
Linda Kalekas, Clark County School District	Eric Dievendorf, EMT-P, AMR-LV
Jennifer McDonnell, St. Rose Siena Hospital	

**SNHD STAFF PRESENT**

Rory Chetelat, OEMSTS Manager	Mike Bernstein, SNHD – OCDPHP
John Hammond, OEMSTS Field Representative	Michelle Nath, Recording Secretary
Kelly Morgan, MD, EMS Consultant	

**PUBLIC ATTENDANCE**

Karyn R. Doddy, MD, Disability 2 LLC	Elizabeth Snavelly, University Medical Center
Christian Young, MD, Boulder City Fire Dept.	Erin McMullen, Snell & Wilmer
Teresa Conley, St. Rose Siena Hospital	Rene Hannah, Court Reporter

**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, July 18, 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: 5/16/12

Chairman Fusto asked for approval of the minutes from the May 16, 2012 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

## **III. REPORT/DISCUSSION/POSSIBLE ACTION**

### A. Introduction of Board Members

Chairman Fusto asked that the standing Board members and non-standing Board members introduce themselves.

### B. Discussion of Sunrise Hospital's Application for Initial Authorization as a Level II Pediatric Center for the Treatment of Trauma

Chairman Fusto reported that the discussion of Sunrise Hospital's application for initial authorization as a Level II pediatric center for the treatment of trauma was tabled until the next meeting.

### C. Report from Trauma Rehabilitation Committee

#### 1. Discussion of Draft Trauma Rehabilitation Committee Bylaws

Dr. Doddy reported the Trauma Rehabilitation Committee (TRC) held two meetings since its inception in June. The bylaws were approved at the July meeting. The committee has good representation of the acute rehabilitation facilities; long-term acute care facilities; skilled nursing facilities; trauma centers; and physicians.

#### 2. Election of Chairman and Vice Chairman

Dr. Doddy reported she was elected Chairman, and Craig Bailey, from Kindred Hospitals, was elected Vice Chairman of the TRC.

#### 3. Discussion of Committee Goals and Objectives

The TRC was formed as a result of the American College of Surgeons (ACS) request to formulate a working group to gather and review rehabilitation data for outcome assessment and performance improvement. The ACS provided specific populations and recommendations for data collection. The TRC goals include increasing accessibility to rehabilitative care and delivering appropriate services to trauma patients.

#### 4. Discussion of Rehabilitation Inpatient Data

The trauma centers will identify where trauma patients are going for acute inpatient rehabilitation services. The rehabilitation facilities will report: 1) length of stay; 2) date of discharge; 3) disposition. In addition, a list of rehabilitation facilities for the community has been generated which will be shared on a continual basis in order to identify resources. The list will include definitions of the various types of rehabilitation facilities such as SNF (skilled nursing facility) and IRF (inpatient rehabilitation facility) and list services to assist patients and their families to select the appropriate level of care.

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

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

Dr. Fildes, Vice Chairman, reported the draft bylaws were unanimously approved.

2. Discussion of Draft Trauma Field Triage Criteria Protocol

a. Field Triage Criteria

The TPPRC considered revisions to the current trauma field triage criteria (TFTC) protocol based on the *2011 CDC Guidelines for Field Triage of Injured Patients*. The language in the sections related to the Step 1 and Step 2 criteria was accepted with minor housekeeping changes and clarification that Step 1 and Step 2 pediatric patients must be transported to a pediatric center for the treatment of trauma. The language related to Step 3 criteria was also accepted with some minor clarifications and the Step 4 criteria were added.

b. Review of Southern Nevada Trauma Catchment Areas

The committee ran out of time to discuss the section related to catchment areas. That discussion will take place at the August 15<sup>th</sup> meeting. When the committee has completed its work on the draft protocol it will be brought to the RTAB for endorsement before it moves to the MAB for approval.

E. Review of Trauma Transport Data

Ms. Britt reported the numbers for the trauma transports were fairly flat across the system. The trend lines on the rolling volume transport data for the 12 month period of April 2011 through April 2012 are consistent with previous trends in terms of volume. The out of area (OOA) EMS transports percentage for March was 3.9%; April was 4%. She credited the EMS agencies computer aided dispatch system which provides information to the EMS providers as to current location and the appropriate catchment area.

Chairman Fusto asked if the feature for trauma field triage criteria (TFTC) step specification had been activated in the EMS electronic patient care reporting (ePCR) system. Dr. Slattery advised Clark County and Henderson agencies are currently working with the Sansio programmer in terms of integration. A simple yes or no feature for meeting TFTC can be easily activated but the agencies want more range to the data that will be extracted. Mr. Steve Johnson reported the protocols for the TFTC data were built into MedicWest's ePCR program and were turned on, and a chart cannot be closed until the data is completed. EMS private and public agencies estimated a two to four month timeline for activating a drop down menu which will capture patients that meet TFTC. This enhancement to the EMS systems will be beneficial to the data collection process for the trauma centers and the Office of Emergency Medical Services and Trauma System.

F. Discussion of Data Transfer Process to State Trauma Registry

Elizabeth Snavelly discussed the three local trauma centers compliance with reporting trauma data to the Office of Emergency Medical Services and Trauma System. She noted the state is requesting electronic submission of trauma registry data and reported there's available funding through 2014 to assist with the state's request. However, the state requires that their system for collecting data not be altered and this is not feasible according to the local trauma centers.

Melinda Case confirmed the trauma centers are utilizing the same software and vendor so there's a possibility for the programmers to identify a finite data subset which could be reported to the state. Currently the trauma centers are uploading their customized data to the national trauma data bank without any issues and there's a desire to continue this process of upload at the state level. A conference call with the state's Information Technology Department and the four Nevada trauma centers has been scheduled for August to work through the data transfer process to the state trauma registry.

### **III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

#### **A. Report from Emergency Medical Services Representative**

Scott Vivier reported EMS agencies continue to struggle with pre-hospital pharmaceutical shortages and are working through protocol changes to handle the shortages. Dr. Slattery discussed the Medical Advisory Board's (MAB) decision to review the different classes of medications and approve the use of primary, secondary, tertiary and even a fourth level of medication as a means for responding to the drug shortages.

Dr. Slattery also reported the MAB, Medical Directors and Operations Chiefs decision to extend expiration dates for six months on critical medications that appear on the national drug shortage list. The mid 1970's military studies in which the military approached the FDA to test expiring drugs were used to support the decision to extend expiration dates of critical medications like Etomidate.

#### **B. Report from General Public Representative**

Ms. Boyers shared her personal experience with trauma as a consumer when she lost her child five years ago in an automobile accident. She understands the relevance of a trauma system to the community. As a public representative and someone who has been involved in health care from an administrative position, her goal is to educate; create awareness; collect feedback; and obtain funding. She has lobbied for a primary seatbelt law for three sessions and will take forward any issues pertinent to the health and safety aspects of trauma.

#### **C. Report from Non-Trauma Center Hospital Representative**

Lisa Wilson informed there weren't any items to report.

#### **D. Report from Payers of Medical Benefits Representative**

Leslie Johnstone informed there weren't any items to report.

#### **E. Report from Rehabilitation Representative**

Linn Billingsley confirmed the report delivered by Dr. Doddy earlier detailing all the points the Rehabilitation Committee will be addressing.

#### **F. Report from Health Education & Prevention Services Representative**

Diana Taylor reported the Clark County School District (CCSD) nurses are evaluating their roles in response efforts to injuries that occur on school sites. The CCSD has an active emergency management committee and they are in the process of developing strike teams and conducting specialized training for school nurses to assist in disasters.

#### **G. Report from Legislative/Advocacy Representative**

Erin Breen requested that the RTAB members consider the goals or issues to be pursued in the upcoming legislative session because the Advocacy committee will need to move them forward presently. Ms. Britt informed there will be an e-mail sent to a very wide distribution list for obtaining names of potentially interested participants.

#### **H. Report from Public Relations/Media Representative**

No items were reported.

### **IV. PUBLIC COMMENT**

Mike Bernstein reported that the Southern Nevada Injury Prevention Partnership (SNIPP) meeting did not occur last month as there are new members including the Chairman. He gathered information to be

delivered to the Chairman explaining the role of Chairman and included the recommendations made by ACS for SNIPP. He also noted the Health District will support the Chair in creating momentum for this group and facilitating meetings.

**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 3:31 p.m.