



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA PROCEDURE/PROTOCOL REVIEW COMMITTEE

APRIL 18, 2012 - 3:30 P.M.

MEMBERS PRESENT

Gregg Fusto, RN, University Medical Center	Mary Ellen Britt, RN, Regional Trauma Coordinator
John Fildes, MD, University Medical Center	Lars Blomberg, MD, Centennial Hills Hospital
Connie Clemmons-Brown, RN, St. Rose San Martin	John Higley, EMT-P, Mesquite Fire & Rescue
Kim Dokken, RN, St. Rose Siena Hospital	Michael Metzler, MD, Sunrise Hospital
Sean Dort, MD, St. Rose Siena Hospital	Todd Sklamberg, COO, Sunrise Children's Hospital
Eric Dievendorf, EMT-P, AMR-LV	Troy Tuke, EMT-P, Clark County Fire Department
Allen Marino, MD, St. Rose Siena Hospital	Kate Osti, Nevada Disability Advocacy & Law Center
Dennis Nolan, Centennial Hills Hospital	David Slattery, MD, MAB Chairman
Senator Joe Hardy, MD	Melinda Case, RN, Sunrise Hospital
Scott Vivier, EMT-P, Henderson Fire Department	

MEMBERS ABSENT

Bryan Bledsoe, DO, MedicWest Ambulance	Teressa Conley, RN, COO, St. Rose Siena Hospital
Sandra Tewell, RN, Mesa View Regional Hospital	

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Elizabeth Snavely, University Medical Center	Jo Ellen Hannom, RN, Clark County Fire Department
Brendan Bussman, University Medical Center	Kendall Heath, Nevada CCR
Erin McMullen, Snell and Wilmer	Patrick Foley, EMT-P, Clark County Fire Department
Kriker Mekassjian, NCTI	Arm Ayhakhaiman
Brandon Stephens, EMT-B, NCTI	Gail Yedinak, University Medical Center
Leslie Johnstone, Health Services Coalition	Melody Talbott, RN, University Medical Center
Abby Hudema, RN, University Medical Center	Levon Arzumanyan, NCTI
Scott Morris, North Las Vegas Fire Department	August Corrales, EMT-P, College of Southern Nevada
Derek Cox, EMT-P, Las Vegas Fire & Rescue	Steve Gardner, University Medical Center
Trish Klein, EMT-P, NCTI	Kimball Anderson, Southern Hills Hospital
Christian Young, MD, Boulder City Fire Department	Stephen Johnson, EMT-P, MedicWest Ambulance

CALL TO ORDER – NOTICE OF POSTING

The Trauma Procedure/Protocol Review Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, April 18, 2012. Rory Chetelat called the meeting to order at 3:35 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mr. Chetelat noted that a quorum was present.

I. PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee 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 Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

II. CONSENT AGENDA

The Consent Agenda consisted of matters to be considered by the Trauma Procedure/Protocol Review Committee that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Trauma Procedure/Protocol Review Committee Meeting: 3/13/2012

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review & Approval of Draft Trauma Procedure/Protocol Review (TPPR) Committee Bylaws

It was decided that the membership would include representatives from each designated trauma center, non-trauma center hospitals, permitted EMS agencies, at-large members representing other interested stakeholders in the EMS and trauma system, and at least one ex officio member from the Southern Nevada Health District (SNHD). There will be no limitation to the number of members who can sit at the member table, but voting will be limited to one vote by a person representing each of the designated trauma centers; two votes by persons representing two different non-trauma center hospitals systems; one vote by a person representing a permitted public EMS agency; one vote by a person representing a permitted private EMS agency; one vote by a person representing a permitted non-urban EMS agency; and up to three votes by the at-large members. Membership will be for a two year term beginning July 1 through June 30 of the second year. Terms will not be limited.

Dr. Slattery requested that the process for review of EMS protocols be included in the bylaws. Mr. Chetelat described the organizational structure of the EMS & Trauma System. The Medical Advisory Board (MAB) and Regional Trauma Advisory Board (RTAB) are on a parallel line under the SNHD Chief Health Officer. Trauma-related issues are considered and acted on by the RTAB and EMS-related issues are considered and acted upon on by the MAB. At times, there are issues that need to be considered by both boards. Historically, trauma-related EMS protocols have been referred to the RTAB for review and input and then sent back to the MAB for review and endorsement. Mr. Chetelat stated the purpose of the TPPR Committee is to assist in the protocol review process and make recommendation to the RTAB. Final decisions about EMS protocols are not made at the committee level. A recommendation was made to add language to the description of the purpose of the TPPR Committee to clarify the path for moving trauma-related EMS protocols through the TPPR, RTAB, and MAB process. A section will also be added to address the issue regarding alternates. The draft with these changes will come back to the committee at the next meeting for their final approval.

A motion was made to accept the overall intent of the bylaws so the committee can begin to address the other items on the agenda. The motion was seconded and passed unanimously.

B. Election of Chairman and Vice Chairman

Melinda Case nominated Dr. Sean Dort to serve as the Chair.

A motion was made to elect Dr. Dort as the Chair. The motion was seconded and passed unanimously.

Dr. John Fildes, Scott Vivier and Melinda Case were nominated for the Vice Chair position. Chief

Vivier declined his nomination. With Dr. Fildes and Melinda Case placed in nomination, a roll call vote was taken:

UMC: Dr. Fildes

Sunrise: Ms. Case

St Rose Siena: Since Dr. Dort is the Chair, he abstained from the vote unless a tie occurred.

Dennis Nolan, Non-trauma hospital system: Dr. Fildes

Troy Tuke, Public EMS agency: Dr. Fildes

Eric Dievendorf, Private EMS agency: Dr. Fildes

John Higley, Non-urban EMS agency: Dr. Fildes

Senator Hardy, MD, At-large member: Dr. Fildes

Kate Osti, At-large member: Dr. Fildes

Dr. Fildes was elected as the Vice Chair.

C. Discussion of Revisions to the Trauma Field Triage Criteria (TFTC) Protocol

The committee's intent is to review the CDC National Field Triage Guidelines document and consider revisions to the TFTC protocol in its entirety.

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

Dr. Fildes recommended adopting the CDC 2011 *Guidelines for Field Triage of Injured Patients* as the basis for discussion to be sure that within the defined trauma system in Clark County that the appropriate criteria are in place. It was suggested that the CDC guidelines be used as a guiding document when considering revisions to the existing TFTC protocol while at the same time ensuring that recommended changes are appropriate for this trauma system. Dr. Fildes, who served on the CDC national expert panel that wrote the guidelines, commented the intent was to clarify the language in the previous version and to assist EMS personnel in matching the right patient to the right place in the right amount of time with the resources that exist in the trauma system. It was not intended to be prescriptive, but a guidance document for creation of criteria within a trauma system.

Dr. Fildes made a motion to continue to use the most recent CDC guidelines for the field triage of injured patients to fit the specific needs of the Clark County trauma system. The motion was seconded and passed unanimously.

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

Mr. Chetelat stated the current CDC guidelines recommend the transport of Step 1 and Step 2 trauma patients to the highest level of care within the trauma system. It has been the practice in Clark County to transport these patients to the designated Level I and Level II trauma centers. Dr. Fildes commented that he would support continuing the practice.

A motion was made to continue to transport Step 1 and Step 2 trauma patients to the Level I and Level II designated trauma centers based on the CDC guidelines for the field triage of injured patients.

3. Consider Recommendations to Transport Pediatric Trauma Patients to Designated Pediatric Trauma Center

The American College of Surgeons Trauma System Consultation Team recommended that Step 1 and Step 2 pediatric trauma patients be transported to UMC, the designated pediatric Level II trauma center. The current TFTC protocol allows these patients to be transported to either the Level I or Level II depending on the catchment area. Dr. Metzler stated he supported transporting Step 1 and Step 2 pediatric trauma patients to a designated pediatric trauma center

contingent upon other trauma centers being allowed to become designated pediatric trauma centers. Dr. Fildes added it was good public policy to encourage other pediatric trauma centers.

Dr. Metzler made a motion to transport Step 1 & Step 2 pediatric trauma patients to the designated pediatric trauma center in Clark County, University Medical Center and recommended that the other trauma centers be allowed to pursue pediatric Level II trauma center designation as well. The motion was seconded and passed unanimously.

4. Review of Southern Nevada Trauma Catchment Areas

Tabled. Dr. Metzler mentioned that Sunrise will make a detailed presentation at the next TPPR meeting.

Ms. Britt advised there will be a Regional Trauma Advisory Board meeting on May 16, 2012 and asked if the committee wanted to schedule the next TPPR meeting on that day as well. Dr. Fildes stated that there may be conflicts with scheduling and asked that an email be sent out to the members to verify availability.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business on the agenda, Dr. Dort called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 4:30 p.m.