MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA PROCEDURE/PROTOCOL REVIEW COMMITTEE

SEPTEMBER 24, 2012 - 1:00 P.M.

MEMBERS PRESENT

Gregg Fusto, RN, University Medical Center
John Fildes, MD, University Medical Center
Sean Dort, MD, St. Rose Siena Hospital
Allen Marino, MD, St. Rose Siena Hospital
Eric Dievendorf, EMT-P, AMR-LV
Amanda Munson, RN, Boulder City Hospital
Chris Fisher, MD, Sunrise Hospital
Melinda Case, RN, Sunrise Hospital
Todd Sklamberg, COO, Sunrise Children's Hospital
Chief Troy Tuke, Clark County Fire Department
John Higley, EMT-P, Mesquite Fire & Rescue
Kate Osti, Nevada Disability Advocacy & Law Center

MEMBERS ABSENT

David Slattery, MD, MAB Chairman
Sandra Tewell, RN, Mesa View Regional Hospital
Kim Dokken, RN, St. Rose Siena Hospital
Connie Clemmons-Brown, RN, St. Rose San Martin
Mary Ellen Britt, RN, Regional Trauma Coordinator
Teressa Conley, RN, COO, St. Rose Siena Hospital
Chief Scott Vivier, Henderson Fire Department
Dennis Nolan, Centennial Hills Hospital
Senator Joe Hardy, MD

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Kelly Morgan, MD, EMS Consultant
John Hammond, EMS Field Representative
Michelle Nath, Recording Secretary

PUBLIC ATTENDANCE

Erin McMullen, Snell and Wilmer
Patrice Anderson, MD, UMC Hospital
Jim McAllister, EMT-P, LVMS
Jean Dahlberg, Cameo

CALL TO ORDER – NOTICE OF POSTING

The Trauma Procedure/Protocol Review Committee convened in Classrooms #1 and #2 at American Medical Response – Las Vegas on Monday, September 24, 2012. Dr. Sean Dort called the meeting to order at 1:04 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Dort 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.

Dr. Dort asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

The Consent Agenda consists 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: 8/15/2012

Dr. Dort asked for a motion to approve the minutes of the Trauma Procedure/Protocol Review Committee meeting from August 15, 2012. Member Fusto motioned for approval; the motion was seconded by Member Higley and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Draft General Trauma Treatment Protocol

Dr. Dort opened the meeting with the discussion of the draft general trauma treatment protocol which was previously deliberated at the Drug Device Protocol Committee meeting. Dr. Morgan informed the members that all of the EMS protocols were in a process of revision and the formatting of protocols would be the primary change. She explained that Dr. Matt Johnson, a Trauma Fellow at UMC, had written the language for the general trauma protocol. The draft format is an algorithmic approach for the general treatment of a trauma patient. The general adult assessment begins with the steps to address a patient's airway, breathing, and circulation (ABC's) with a separate protocol for spinal immobilization which hasn't changed. Following the assessment, the next point is the Glasgow Coma Scale (GCS) as the first branch point defining a GCS less than 8 signals addressing a patient's airway. Dr. Johnson's recommendation is to emphasize the use of a Bag-Valve-Mask (BVM) while maintaining the patient's oxygen saturation at a level of at least 94% which is consistent with current medical protocols. Additionally, there's a preference to intubate in the hospital rather than pre-hospital setting if adequate ventilation is maintained.

The second branch point discussed was the palpable radial pulse, and Dr. Morgan raised the question if it's necessary to add a systolic blood pressure number which would assist in those cases where an individual is not accurately feeling a radial pulse. She indicated a systolic blood pressure of 80 would be the trigger point for administering fluids while understanding the principles of permissive hypotension in trauma patients. This is followed by a secondary survey which addresses any other major life threats or patient concerns with a separate pain management protocol for administering medication to patients. Dr. Morgan concluded her discussion with a request for feedback on the proposed changes to the general trauma protocol.

Mr. Fusto inquired if this protocol would apply to both adult and pediatric patients. She affirmed the protocol applies to both patient sets. Mr. Chetelat informed the committee the third change to be considered is the reverse trendelenberg with a suspected traumatic brain injury (TBI) which is not listed in the current protocol. Dr. Morgan suggested simplifying the language to "elevating the head of the bed between 20 – 30 degrees."

Dr. Fildes commented the GCS motor component is the most reliable of the three GCS elements and a motor component of three should be the ending point. Dr. Marino addressed the GCS greater than eight and indicated there needs to be a reminder which emphasizes protecting the airway. He suggested adding "continual airway monitoring" after oxygen as it was not clearly defined on the left side of the algorithm. He also recommended adding capnography and the committee agreed to $PC0_2$ level of 35 as the indicator.

Mr. Chetelat questioned if the radial pulse is a reliable indicator or if the systolic blood pressure should be added to the secondary branch point. Dr. Morgan stated using the two indicators, a systolic blood pressure of 80 and a palpable radial pulse, would provide a checks and balance system and a patient would therefore not require IV fluids. Dr. Fildes commented the military utilizes more than a radial pulse and when a pulse is present IV fluids are not started. Mr. Chetelat stated the information could be placed on the educational side to prevent the algorithm from looking disorganized. He recommended the use of pearls so the protocol is not inundated with the educational components. Dr. Fildes requested and received confirmation that the use of tourniquets would be included in the hemorrhage control section.

Member Marino motioned to approve the changes with the recommendations as discussed. The motion was seconded and unanimously approved.

B. Discussion of Trauma Field Triage Criteria Catchment Areas

Todd Sklamberg informed the committee the traffic engineer was re-engaged to address the questions that were brought forward by the members at the August 15, 2012 TPPRC meeting. The engineer's full analysis was not available for the meeting therefore he proposed conducting the discussion of the trauma field triage criteria (TFTC) catchment areas at a later date. Mr. Chetelat stated with the changes already completed to the TFTC there didn't seem to be a compelling need to amend the destination piece at present time. There is uncertainty as to whether or not the patient volumes had reached its lowest level or if there would be a continual decline across the system as a whole. He recommended the discussion of the TFTC protocol be finalized to adhere to the Medical Advisory Board's (MAB) deadline of November 2012 for completion of protocols. He also reiterated Mr. Sklamberg's request for one more meeting in the near future to complete the catchment areas discussion with the final engineering analysis.

Mr. Sklamberg reminded the committee that it was their recommendation to bring additional information forward to discuss, examine and decide upon the catchment areas. Dr. Fildes commented that he did not disagree with the recommendation and questioned if the TFTC and pediatric destination could be moved forward. Mr. Chetelat reported if the committee agreed upon the TFTC then the destination portion could be decided at a later date. He asked the EMS agencies if there would be any concerns should the TFTC be approved separately from the catchment areas. Chief Tuke replied he didn't foresee any issues if the two items were voted on separately. Mr. Fusto remarked the TFTC and pediatric destination have been long term discussion points and recommended the committee move these items forward.

Member Fusto motioned to proceed with the TFTC and pediatric destination and revisit the discussion of the catchment areas at a subsequent meeting. Mr. Chetelat recommended the discussion occur in an additional TPPRC meeting, with the committee forwarding its final recommendations to the Regional Trauma Advisory Board (RTAB) at the October meeting. Chairman Dort concurred. Mr. Chetelat recommended that the motion be amended to include that as soon as Sunrise notifies the EMSTS office of the availability of the report, a committee meeting would be scheduled at the earliest possible time prior to the next RTAB meeting. The amended motion was seconded by Member Higley and carried unanimously.

Once the motion carried, Dr. Fildes reported he would like to make a presentation pertaining to the catchment areas at the next TPPRC meeting. He stated the American College of Surgeons recommended the Southern Nevada Health District conduct this study and not the stakeholders. Dr. Dort confirmed two presentations for the next meeting and proceeded to the discussion of the draft TFTC protocol.

C. Discussion of Draft Trauma Field Triage Criteria (TFTC) Protocol

Mr. Chetelat summarized the changes to the TFTC protocol which included the addition of the Step 4 patient transport to St. Rose Siena, and the description of the geographical border "by Paradise Road to the east, Sunset Road to the north, Interstate 15 to the west," to more clearly define the area

depicted on the map. Dr. Dort questioned the change to Step 3 and Mr. Chetelat responded the modification had been previously approved. The only changes being considered presently were the addition of transporting a Step 4 patient to St. Rose Siena Hospital and the detailed description of the geographical borders. Member Higley motioned to approve the TFTC draft; seconded by Dr. Fildes and carried unanimously.

Dr. Marino inquired if the TFTC protocol had been examined by the MAB. Mr. Chetelat explained while it had been discussed at MAB, the TPPRC would need to give its recommendations for advancing the protocol to the MAB. The committee agreed to meet again upon completion of the engineering report and the date to be set prior to the October 17, 2012 RTAB meeting.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The committee agreed to meet again prior to the October RTAB meeting with a date to be determined. A survey would be e-mailed to the committee members for a date selection.

Dr. Dort introduced Dr. Chris Fisher, new TPPRC member and the current trauma medical director from Sunrise Hospital.

IV. 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.

Dr. Dort asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

V. ADJOURNMENT

As there was no further business on the agenda, Dr. Dort adjourned the meeting at 1:29 p.m.