MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA PROCEDURE/PROTOCOL REVIEW COMMITTEE

AUGUST 15, 2012 - 1:00 P.M.

MEMBERS PRESENT

Gregg Fusto, RN, University Medical Center
John Fildes, MD, University Medical Center
Kim Dokken, RN, St. Rose Siena Hospital
Sean Dort, MD, St. Rose Siena Hospital
Eric Dievendorf, EMT-P, AMR-LV
Allen Marino, MD, St. Rose Siena Hospital
Dennis Nolan, Centennial Hills Hospital
Mary Ellen Britt, RN, Regional Trauma Coordinator
Melinda Case, RN, Sunrise Hospital
Michael Metzler, MD, Sunrise Hospital
Todd Sklamberg, COO, Sunrise Children's Hospital
Ken Taylor, EMT-P, Las Vegas Fire & Rescue (Alt.)
Senator Joe Hardy, MD
Rory Chetelat, EMSTS Manager

MEMBERS ABSENT

David Slattery, MD, MAB Chairman
Sandra Tewell, RN, Mesa View Regional Hospital
Chief Troy Tuke, Clark County Fire Department
Connie Clemmons-Brown, RN, St. Rose San Martin
Teressa Conley, RN, COO, St. Rose Siena Hospital
Chief Scott Vivier, Henderson Fire Department
John Higley, EMT-P, Mesquite Fire & Rescue
Kate Osti, Nevada Disability Advocacy & Law Center

SNHD STAFF PRESENT

Michelle Nath, Recording Secretary

PUBLIC ATTENDANCE

Fred Simon, MD
Neal Tomlinson, Snell and Wilmer
Erin McMullen, Snell and Wilmer
Jeff Buchanan, North Las Vegas Fire Department
Amanda Munson, RN, Boulder City Hospital
Gerry Julian, Mercy Air
Jenn Renner, Sunrise Hospital
Derek Cox, EMT-P, Las Vegas Fire & Rescue
Frank Simone, EMT-P, North Las Vegas Fire Department
Stephen Johnson, EMT-P, MedicWest Ambulance
Scott Morris, North Las Vegas Fire Department
Melody Talbott, RN, University Medical Center
Eileen Davies, EMT, Life Guard
Michelle Maner, 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 Wednesday, August 15, 2012. Dr. Sean Dort called the meeting to order at 1:03 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: 6/13/2012

Member Metzler motioned for approval of the Trauma Procedure/Protocol Review Committee minutes from June 13, 2012. The motion was seconded by Member Hardy and passed unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Draft Trauma Protocols

Dr. Dort tabled the discussion of draft trauma protocols until the next meeting because they were not ready for review.

B. Discussion of Trauma Field Triage Criteria Catchment Areas

Dr. Michael Metzler introduced Dr. Fred Simon who has broad experience with the development of trauma systems. He was invited by Sunrise Hospital to review the American College of Surgeons (ACS) report and recommendations which were published in September 2011 as a result of their visit to Southern Nevada in July 2011. Having familiarized himself with the Southern Nevada trauma system over recent months Dr. Simon indicated one of the important aspects of trauma and health care in general, is creating an organized and collaborative system. He explained that a trauma system, as opposed to individual hospitals providing trauma services, would be beneficial to the community particularly when responding to mass casualty incidents like the recent tragedy in Aurora, Colorado. He recommended the designation of a trauma director to coordinate the suggested unified trauma system. He indicated the trauma director should be an advocate for the trauma system as a whole, who would be willing to volunteer for the position initially.

The next recommendation was the creation of a nonprofit foundation that should consist of community board members and representatives from each of the trauma hospitals. He stated Mr. Neal Tomlinson has offered to put the foundation together pro bono, if desired. He suggested Dr. John Fildes be the inaugural chairman of the foundation as he has been the leader over the years moving forward trauma care delivery to the community. The foundation would be responsible for creating awareness and obtaining funding for the trauma system including disaster preparedness. He indicated disaster preparedness is paramount in Las Vegas as the large number of visitors and growing population places the community under the microscope of potential terrorism.

The third recommendation made by Dr. Simon was the adjustment of catchment areas which would allow all the trauma centers to have a reasonable amount of patient volume for maintaining competencies. Dr. Simon displayed a map, which was reviewed by the G.C. Wallace Company, with redefined catchment areas based on the difference in transport times for arrival to the Level I and Level II trauma hospitals from these two geographic locations: 1) Las Vegas Boulevard and Paradise Road between Tropicana and Sahara Avenues; 2) Las Vegas Boulevard and Hollywood Boulevard between Sahara Avenue and Charleston Boulevard. The adjustments to the catchment areas would be beneficial to injured patients based on time and patient condition.

The fourth recommendation was to support the decision of a trauma center to change its designation and that the change should be dictated by the overall needs of the community. Dr. Simon then opened the floor for questions.

Mr. Dennis Nolan questioned if the criteria used for recommending revisions to the catchment areas was based upon actual call data and information that was reviewed by Dr. Simon, or was it based upon the geographical location and estimated transport times to the Level I and Level II trauma centers. Dr. Simon responded the mapped calls were based on actual call data and clarified the calls used in the study were simulated by a private vehicle as best they could as compared to an ambulance. Mr. Fusto inquired if the time difference between the ambulance transport and the simulated transport had been tracked as this factor would be relevant to the study. Dr. Simon stated the difference in times was almost equal.

Dr. Dort questioned moving the catchment area boundaries from the existing Sahara Avenue and Paradise Road boundaries to Charleston Boulevard and Las Vegas Boulevard. Dr. Metzler affirmed that this change would provide for the shortest transport time of injured patients to the closest, appropriate trauma center. Dr. Fildes stated the Wallace report demonstrated a 20% savings in time which equated to 15 – 25 seconds, or 60 seconds at the most, because transit times are so short in the valley. Therefore the request to adjust the catchment areas boundaries between the Level I and Level II trauma centers didn't seem appropriate. He noted there were other areas, such as Bonanza Road and Nellis Boulevard, where there might be greater savings in transport times from the east side of the valley and these should be examined.

Dr. Fildes commented on the methodology and referenced the Agency for Healthcare Research and Quality (AHRQ) framework for regionalization of care and episode of care. This particular framework begins with the recognition that care is needed and then further examines the steps in providing care from response time, stabilization at scene, transport time, distance covered to the emergency department, availability of staff, and critical care services. The Wallace study didn't take into account all of these factors and the decision to make adjustments to the catchment areas needs to include the episode of care framework in addition to the transport times occurring outside of the trauma centers corridors.

Dr. Metzler felt the ACS verification process already evaluates internal processes within trauma centers. The current discussion involves transport from the scene to a trauma center. The original catchment area boundaries were created because Sunrise was an unproven entity when they entered the system. He believes the boundaries should be reconsidered since they have been operating as a trauma center for eight years. Dr. Fildes indicated UMC experienced a drop in volume and was supposed to be restored before the system expanded.

Mr. Rory Chetelat questioned if it was typical to draw hard lines on a map for trauma center catchment areas in other parts of the country. Dr. Simon reported the many areas that have trauma systems use geographic catchment areas. Consideration is given to volume because of the ACS volume requirements and the relationship between volume and competency. The component which has not been quantified by the ACS verification committee is the time of arrival at the trauma center door to the operating room which was reflected in Dr. Fildes' comments.

Mr. Nolan added there was much material to analyze and the members should be allotted more time to review the information. Member Marino made a motion to present this information at the next Regional Trauma Advisory Board meeting. Mr. Chetelat explained that procedurally the agenda item should be discussed in the TPPRC meeting and then the committee could make a recommendation to the Regional Trauma Advisory Board (RTAB) and ultimately the Medical Advisory Board (MAB). Dr. Dort pointed out that Dr. Metzler was the member who initially raised the issue of revising the catchment area boundaries and asked him if he would like to make a motion. Member Metzler moved that the western boundary/border of the Sunrise catchment area be expanded to the middle of Las Vegas Boulevard. The motion was not seconded.

Member Marino amended his motion and moved to table the agenda item until the next TPPRC

meeting. Following the motion, there was discussion pertaining to the catchment areas and Dr. Joe Hardy suggested the members carefully review the information that was provided by Dr. Simon. Mr. Chetelat supported Dr. Marino's motion and recommended the zones should allow EMS the discretion to make the right decision for the patient as they are aware of the street conditions and traffic patterns on any given day and time. Dr. Hardy asked if there was a penalty for transporting a patient within a defined catchment area to a trauma center outside of the boundaries, or is there a neutral zone where EMS can choose the trauma center depending on traffic conditions? Mr. Chetelat confirmed there is no penalty for transporting outside of the designated catchment areas; however if the out of area transports exceed 5% for the trauma system then those cases are reviewed, and there is a remediation process for errors.

In regards to penalties, Dr. Simon stated the process should not punitive but rather an opportunity for education and improvement and paramedics and emergency medical technicians are an important aspect of the trauma system. Their collaboration and ability to make good decisions is integral in setting up a collaborative system. He also remarked the adjustment of catchment areas over a period of time contributes to developing a stronger trauma system. This system can be propelled to a new level of public recognition which creates awareness and the potential for fundraising. Based on population growth or loss, adjustments to the trauma system can be beneficial to the community.

Dr. Hardy stated the discussion of a collaborative system further explains the need for a Director of Trauma when considering the advantage to a system approach. He expressed the TPPRC is a good committee to discuss this level of detail pertaining to trauma services because of the various stakeholders which comprise the committee. In the future if there were a system approach then the trauma system stakeholders would serve as a mechanism for continuing these discussions. Dr. Simon indicated he believes there is a unique opportunity to do something that has not been accomplished elsewhere; to develop a collaborative statewide trauma system that serves both rural and urban communities.

Mr. Chetelat inquired if during the development of the proposed recommendations was the size of UMC's eleven bed resuscitation unit taken into account when considering the ACS requirements for patient volume at a Level I trauma center. Dr. Simon confirmed it was taken into consideration along with the understanding that it's an educational facility. He commented UMC is receiving over 75% of the trauma patients in the community. As indicated in the ACS report, the remaining two trauma centers need a reasonable amount of volume for their physicians and staff to remain competent. There is also an opportunity to provide educational opportunities at the other two centers if they choose to participate. Unifying all the institutions that have demonstrated dedication to trauma care by providing the necessary resources, physicians and staff, including a commitment from their administrations to work in partnership with others, builds the type of system that works best.

Mr. Chetelat agreed that a cooperative system is beneficial and revealed it was a challenge to create the catchment areas considering UMC's free standing capacity and sheer size. The design was intended to support UMC in maintaining the volume necessary to support their activities, as well as its economic viability. Dr. Simon stated there was a similar challenge in Southern California. There has been a joint effort with the university and private hospitals to train physicians and then encourage them to remain in the community which is beneficial particularly in our era of physician shortages.

The discussion concluded and Dr. Dort stated the motion was to review the materials and perhaps the committee would want to obtain statistics on population changes in each zip code for review as well. Member Marino's motion to table Agenda Item B, the Discussion of Trauma Filed Triage Criteria Catchment Areas, until the next meeting was seconded by Member Fildes. All members were in favor with one opposing vote from Member Metzler representing Sunrise Trauma Center. Dr. Dort confirmed this item would appear on the agenda for the next meeting and he thanked Dr. Simon for his work and the members for all their comments.

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

Mary Ellen Britt recommended Agenda Item C be tabled. She stated the catchment areas are the last segment of the TFTC protocol to be reviewed and the decision to table Agenda Item B until the next meeting made it illogical to vote on the current draft version. Dr. Dort confirmed the item would be tabled until a determination is made on the adjustment of catchment areas.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

The committee agreed to meet again in September with a date to be determined as a quorum for a set date could not be established. A survey would be e-mailed to the committee members for a date selection.

Ms. Britt announced the formation of the Trauma Advocacy Committee and requested the names of any interested participants be forwarded to the Office of Emergency Medical Services & Trauma System. Erin Breen has agreed to be the Chairman of the committee as the Advocacy Representative on the Regional Trauma Advisory Board but additional members are needed. Once there is more interest the first meeting will be scheduled. Mr. Gregg Fusto requested a summary of the committee's purpose. She replied, "The purpose of the committee would be to promote trauma system development by advocating for sustainable, financial, legislative and public support for the system serving the residents and visitors of Southern Nevada."

Mr. Chetelat announced Dr. Metzler's resignation and thanked him for his dedicated service to the trauma system and the community.

IV. PUBLIC COMMENT

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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 called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 2:26 p.m.