

Minutes

CLARK COUNTY DISTRICT BOARD OF HEALTH TRAUMA SYSTEM ASSESSMENT CITIZEN'S TASK FORCE

Tuesday, January 13, 2003
1:30 p.m.

Clark County Health District – Ravenholt Public Health Center
Human Resources Annex – Training Room #2
625 Shadow Lane
Las Vegas, Nevada 89106

MEMBERS PRESENT

Veronica Arechederra-Hall
Richard Bunker
S. Max Doubrava, MD
Robert Forbuss, Co-chair
Merlinda Gallegos
Steve Hill
William McBeath
Rose McKinney-James, Co-chair
Otto Ravenholt, MD
Danny Thompson

MEMBERS ABSENT

JaNell Cook

CCHD STAFF PRESENT

Donald Kwalick, MD, Chief Health Officer
Jane Shunney, RN, Assistant to Chief Health Officer
Rory Chetelat, EMS Manager
Joseph Heck, DO
Jennifer Sizemore, Public Information Officer
Susan Esielet, Recording Secretary

THE ABARIS GROUP STAFF PRESENT

Mike Williams, President
Kimball Maull, MD, Trauma Surgeon Consultant
Beverly Ness, RN, Trauma Nurse Consultant
Juliana Boyle, MBA, Economist

1. Welcome/Introductions

The Citizens Trauma Task Force Committee convened in Training Room # 2 of the Ravenholt Public Health Center on Tuesday, January 13, 2004. Dr. Donald Kwalick called the meeting to order at 1:35 p.m. Task force members, staff and attendees introduced themselves. Mr. John Bailey, representing Sunrise Hospital announced that

Sunrise would contribute to 50% of the costs for the assessment study by the Abaris Group.

2. Background on assessment process

Rory Chetelat presented background information on the health district role in the needs assessment process. The Nevada State Health Division (NSHD) administrator has the authority to designate trauma centers in the State of Nevada. The NSHD asked the Clark County Health District (CCHD) to make recommendations regarding the trauma system needs of Southern Nevada. A subcommittee of the Clark County District Board of Health was formed. The subcommittee recommended contracting with The Abaris Group and the American College of Surgeons (ACS). The board of health voted to approve the recommendation.

3. Work Plan and expectations of the Task Force

Dr. Kwalick stated tentative monthly meetings of the task force have been scheduled for the second Monday of each month through June. Additionally, site visits by a task force subcommittee to communities with successful trauma systems may be scheduled.

4. Scope and Work Plan for Abaris

Dr. Kwalick turned the meeting over to Mike Williams from The Abaris Group. Juliana Boyle reviewed the contents of the task force resource binder.

Robert Forbuss, task force co-chair, suggested the use of e-mail for committee correspondence and it was agreed to test the system in the next week.

Mike Williams provided an overview of the study process and outlined what the task members could expect from The Abaris Group staff.

5. Workshop A – Trauma Systems 101

- a. History (national/state)**
- b. Key components**
- c. Credentialing/benchmarking entities**
- d. Process for designation**
- e. Key industry challenges**

Dr. Kimball Maull and Mike Williams gave a formal presentation on the basics of a trauma center/system.

During the presentation Rose McKinney-James, task force co-chair, asked Dr. Maull to explain the term “triage.” The term triage means to sort. In a trauma system it is critical that a trauma patient be correctly identified and then directed to the trauma center. Someone who is not as critically injured would go to an emergency department.

Co-Chair Forbuss explained the trauma catchment area for Southern Nevada was not just Clark County, but included trauma patients from Utah, Arizona and California as well. He also commented that he believed injury prevention was a very important component to a trauma system and that he hoped the task force and The Abaris Group would focus on it during the study.

William McBeath asked Dr. John Fildes, the Trauma Medical Director at the University Medical Center (UMC) Trauma Center how the American College of Surgeons trauma center guidelines for volume compared to those at the University Medical Center's Trauma Center.

Dr. Fildes reported that in 2002 (the most current data available) the UMC Trauma Center assessed 11,000 patients. Of those 3,800 met the trauma patient criteria, 3,000 of those patients were admitted and 880 of those patients had an Injury Severity Score (ISS) of greater than 15. Dr. Fildes also explained that they have 10 trauma surgeons on staff at the UMC Trauma Center.

Mr. McBeath asked if there is a maximum number of patients that a trauma center can handle. Dr. Maull said yes but that the number for Las Vegas is not known and would be analyzed during The Abaris Group study.

Co-chair Forbuss asked if neurosurgeons are needed at both a Level I trauma center and a Level II trauma center. Dr. Maull and Mike Williams answered "yes" but not at a Level III.

Co-chair Forbuss also asked why the trauma volume at Washoe Medical Center in Reno was as high as it was when compared to the UMC Trauma Center volume in Southern Nevada where the majority of the State's population resides. Mike Williams stated that would be an issue examined during the analysis of the trauma volume data and findings would be reported back to the task force.

Merlinda Gallegos asked if all trauma patients arrive at the UMC Trauma Center within the 60 minute "golden hour." Dr. Fildes said that 96 percent of the trauma patients arrive at the Trauma Center in less than 30 minutes.

Co-chair Forbuss asked staff to define the difference between penetrating and blunt trauma injury. Dr. Maull explained that penetrating injuries are a result of knives, guns, etc. Blunt injuries are a result of motor vehicle crashes, falls, etc.

Dr. Otto Ravenholt asked for clarification on the comment that Nevada has the highest suicide rate in the country. Dr. Joe Heck said that Nevada is ranked second in successful suicides in the nation.

Co-chair McKinney-James asked that definitions of the commonly used trauma terms be provided for future presentations and that visual graphs, table and slides be in a larger font size.

Mike Williams finished the presentation and reiterated the concept of site visits to other trauma systems, ones that work well and one that does not work so well.

6. ACS Site Visit

Information on the ACS Site visit was covered during the background information and work plan presentations.

7. Status of Work Plan

Co-chair Forbuss asked the task force to confirm the dates of future meetings. It was agreed that future meetings would be held on the second Monday of each month in the Clemens Room. The next meeting is set for February 9, 2004. Parking issues would be resolved.

8. Citizen Participation

Citizen participation is a period devoted to comments by the general public about matters relevant to the task force's scope of work. Items raised under this portion of the agenda cannot be acted upon by the task force until the notice provisions of the Nevada Open Meeting Law have been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda and any actions on such items will have to be considered at a later meeting.

Co-chair Forbuss asked if any member of the public wished to be heard on subjects relevant to the task force proceedings. No one in attendance indicated a desire to speak.

9. Conclusion

The meeting was adjourned at 3:12 p.m.