Minutes

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

Monday, April 12, 2004
1:30 p.m.

Clark County Health District – Ravenholt Public Health Center
Clemens Room
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
Rose McKinney-James, Co-chair
Danny Thompson

MEMBERS ABSENT

JaNell Cook
Otto Ravenholt, MD

CCHD STAFF PRESENT

Donald Kwalick, MD, Chief Health Officer
Jane Shunney, RN, Assistant to Chief Health Officer
Rory Chetelat, EMS Manager
Jennifer Sizemore, Public Information Officer
Rita Smith, Recording Secretary

THE ABARIS GROUP STAFF PRESENT

Mike Williams, President
Juliana Boyle, Vice President

1. Welcome

The Trauma System Assessment Citizen's Task Force convened in the Clemens Room of the Ravenholt Public Health Center on Monday, April 12, 2004. Co-chair Bob Forbuss

called the meeting to order at 1:35 pm. Co-chair Forbuss mentioned that the Task Force agenda was not posted and as a result the Task Force cannot take any action during this meeting.

2. Work Plan Progress

Mike Williams, trauma system consultant, provided an update on the trauma system assessment's progress. The last of the Town Hall meetings will be concluded during the week of April 16, 2004. The study's deliverables are on track and in fact, The Abaris Group is almost finished with its report on the current Southern Nevada trauma system. Their final report will be completed on time.

Richard Bunker, Task force member, suggested that the Task Force may want to compress the study's timeframe by concluding its work by June 1. However, both Mr. Bunker and Co-chair Rose McKinney-James said they want to make sure the work that is in progress is completed in a comprehensive manner. Both asked about the timing of the American College of Surgeon's (ACS) report and that the timing may affect when the Task Force recommendations would be completed.

Dr. Donald Kwalick, the Clark County Health District Chief Health Officer, stated that the Clark County Health District was asked to develop a recommendation for a trauma system, not a trauma center. To help them, the Task Force was created and it is the Task Force's job to make a recommendation to the Administrator of the Nevada Division of Health based on the ACS and Abaris reports. Dr. Kwalick also mentioned that the Southern Nevada region has needed a trauma system for many years and why try to compress the timeframe now?

Dr. Max Doubrava, Task Force member, mentioned how he did not think the timeframe should be rushed unless there is something happening that the Task Force does not know about. Co-chair Forbuss asked if anyone had any information that may impact the timeframe of the study to please speak up now.

Brian Robinson, the new CEO of Sunrise Hospital and Medical Center, and Dr. Michael Metzler, the trauma medical director for Sunrise, spoke to the Task Force. Mr. Robinson started by explaining how he was aware that the Task Force had visited the San Diego trauma system and that they have two Level I trauma centers in the downtown area, one mile apart. He also mentioned how Sunrise has contributed $50,000 toward the cost of the trauma system study.

Mr. Robinson went on to say that Sunrise recently had a trauma assessment from ACS and that ACS substantiated the need for additional trauma resources. Thus, Sunrise has now asked the State of Nevada for a provisional trauma center designation effective August, 2004. Mr. Robinson said this would be good for Southern Nevada and help move the trauma system along. He also said that the role of this Task Force should not be based on need for more trauma centers as that has already been determined through the ACS site visit to their hospital but rather on the trauma system components.

Dr. Doubrava asked if the Task Force could obtain a copy of the ACS report. Mr. Robinson replied that it was an operational report and is only a verbal report at this time. Dr. Doubrava asked again if the Task Force would get the information from the ACS visit and Mr. Robinson replied “yes.”

Dr. Metzler then explained that Sunrise has identified several surgeons who will come to Southern Nevada to work in their trauma center, but that they will not sign contracts since they are not yet a trauma center. He also said that it will take these surgeons approximately five months to obtain their Nevada medical license. He also explained that Sunrise cannot be a trauma center without trauma patients and that is why they are asking for provisional permission. Dr. Metzler then pointed out that ACS’s report said while Sunrise is ready to be trauma center; they need to treat some trauma patients in order to be fully assessed by ACS. Dr. Metzler called this a “catch 22.”

Co-chair McKinney-James said that she appreciated their position, but that the Task Force was charged with making recommendations on the trauma system, need and location of trauma centers.

Dr. Metzler said that it is important that they get the five month lead time issue taken care of in order to hire the trauma surgeons. New trauma surgeon graduates are looking for jobs now.

Mr. Robinson then said that Sunrise wants to become a trauma center, but that this is separate from a trauma system. He also said that the State of Nevada has set a precedence for this twice before by allowing UMC and Washoe Medical Center provisional designation.

Co-chair McKinney-James expressed that the Task Force has not seen any reports on need.

Dr. Metzler mentioned that an article in the March 2003 edition of the Journal of American Medical Association calls for one trauma center per 1,000,000 population and that ACS says Southern Nevada needs another Level II trauma center.

Danny Thompson, Task Force member, stated that he is offended by Sunrise’s actions and that Sunrise is deliberately going around the Task Force. He also asked how they expect to be a trauma center when ED diversion is such a problem at Sunrise.

Dr. Metzler explained that he believes having a trauma system is also very important.

Veronica Arechederra-Hall, Task Force member, also expressed offense at Sunrise’s request to the State.

Co-chair McKinney James said that the Task Force needs time to deliberate and she did not appreciate that Sunrise reminded the Task Force that they are financially contributing to the study. She and the rest of the committee are volunteering their time.

Dr. Doubrava said that it is a very real issue that Sunrise needs to hire surgeons and he said the Task Force needs to speed up its work.

Mr. Thompson said he agreed.

Steve Hill, Task Force member, said that he agrees with speeding up the timeframe with the assumption that the final ACS report won't change dramatically from their verbal report during their May debriefing. He also said that if the ACS report does not follow with his thinking then he would like time to be able to determine why there is a difference.

Co-chair Forbuss asked Sunrise if they are asking or advising the Task Force of its intention to get the provisional designation. Dr. Metzler replied that Sunrise was advising the Task Force.

John Bailey, an attorney for Sunrise, also spoke to the Task Force. He said Sunrise's intent was not to circumvent the Task Force's work in asking for State provisional designation and that Sunrise did not mean to offend the members by saying that they contributed $50,000 toward the cost of the study. Mr. Bailey expressed that Sunrise will support the trauma system in any manner that it can, including financially.

Co-chair McKinney-James said that it is up to the Task Force to recommend a structure for the trauma system and that Sunrise's approach is a disconnect between the trauma system and trauma center.

Dr. Doubrava asked if Sunrise was going to establish a house staff. Dr. Metzler replied that he would like to see that, but this would probably not occur in the near future.

Co-chair Forbuss indicated he did not know what the difference was between actual and provisional designation. He also asked about setting up transport and EMS protocols and who was to do this? Mr. Thompson asked what the process is to get trauma patients to Sunrise. Dr. Metzler replied that Sunrise would work with EMS and he also stated that setting prehospital protocols on trauma transport would be the role of the Task Force. Mr. Forbuss then stated that the trauma system would have to be in place before August 2004 in order to meet Sunrise's timeline.

Mr. Bailey also agreed that some level of a trauma system would need to be in place by that time.

Co-chair Forbuss asked if Sunrise was intending to treat both adult and pediatric trauma patients? Dr. Metzler replied that Sunrise will take all ages.

Dr. Ikram Kahn, a member of Sunrise's Board of Directors, addressed the Task Force. He said that ACS stated in their exit interview that Sunrise needed to see trauma patients, thus the need for the provisional designation.

Mr. Thompson said that he cannot believe Sunrise is rushing this process now. The timeline for the study has been published since the beginning of the effort, Sunrise has been at every meeting, given presentations, and not objected to the timeline and was surprised that this is just now coming up.

Co-chair Forbuss said that the San Diego Trauma System focuses on a collaborative approach. He did not see this as collaborative. He also asked that what happens if the Task Force recommends standards higher than those recommended by the ACS "Gold Book"?

Dr. Kahn replied that a trauma system is very important and that Sunrise will work with all stakeholders. With respect to increasing the trauma center standards to a higher level than those recommended by ACS, Dr. Khan said Sunrise would meet those standards. He said the community needs additional trauma center capacity immediately.

Dr. Doubrava said the Task Force should speed up the time table. He also asked if EMS would present a new triage criteria taking into account for Sunrise becoming a trauma center. He also asked Dr. John Fildes, the trauma medical director at UMC, to speak to the Task Force.

Dr. Fildes stated that UMC has always supported a growing trauma system and that the Nevada statutes and the federal government have also supported this. The federal government encourages developing an inclusive trauma system that would enable all hospitals to see some level of injured patients.

Dr. Fildes said it was possible Southern Nevada may need up to three trauma centers, not just one additional trauma center. He stated that a non-trauma center becomes a trauma center by treating injured patients and those that come to the facility by private car. He also said that the reason UMC and Washoe obtained the provisional trauma center designation initially was because there was no other trauma center in those locations at the time. Sunrise should easily be able to see injured patients without provisional designation. St. Rose Dominican-Siena currently sees many trauma patients and then transfers the patients to UMC. He also objected to Sunrise's provisional designation as a "trial to see if it works."

Dr. Fildes closed his remarks by saying that while the San Diego trauma system is an excellent system, the University of California San Diego Medical Center and Scripps Mercy Hospital have issues [these are the two trauma centers located in downtown San Diego and are within one mile of each other] and they do not have the large capacity that UMC does.

Mr. Bunker expressed that the Task Force cannot tell Sunrise what they can and cannot do. The Task Force must do its work irrespective of Sunrise's actions. If Sunrise fits in with what is developed, that's good. If not, then Sunrise will have to adjust. The Task Force should follow the process we started.

Co-chair Forbuss said he thinks Mr. Bunker is correct.

Merlinda Gallegos, Task Force member, also agreed. She also stated that the San Diego trauma system was built on honesty and respect for the community. She believes the Task Force should strive for a best practice trauma system and that catchment areas, travel time, volume and geography all play a role in developing the system.

Co-chair McKinney-James asked Mr. Williams on whether Chief Crowley was invited to the Task Force meeting to give his perspective on EMS and trauma? Mr. Williams replied that he was invited, but that it was believed Chief Crowley was on vacation, but that he is expected to attend the next Task Force meeting.

Mr. Bunker asked if diversion is a concern in the community? He also asked if there is a diversion protocol?

Co-chair Forbuss answered yes and there are diversion protocols and that data is captured on diversion, but that diversion does not happen in trauma.

Mr. Bunker said he would like to see some strong recommendations on how to solve the diversion problem in the community. He would also like recommendations on disciplining and punitive actions on facilities that do violate the policy.

Mr. Williams said that the Task Force members would be polled about additional meetings to further this study process. He mentioned they could have more meetings or perhaps one or more longer workshops.

Mr. Hill asked what information was typically contained in an ACS trauma system consultation report. Is the information specific or general? Mr. Williams replied that it is a little of both. ACS will weigh-in on all system components and whether they are in place and on the need for more capacity. They have also been asked their opinion on location and geography. There are a couple areas that ACS will not likely comment on like the possibility of new trauma centers financially destabilizing UMC as a trauma center and they will not review any detailed financial data. However, The Abaris Group will provide this analysis in their final report.

Mr. Thompson asked how would Sunrise's actions affect trauma right now? How about the 30 minute transport rule? What is the expected outcome?

Rory Chetelat, the EMS manager for Clark County Health District, addressed the Task Force and said that he would be available to answer any questions regarding EMS. Mr. Williams proposed that he and Mr. Chetelat put together an EMS panel to provide their perspective and answer the Task Force's questions at a following meeting.

3. Update on San Diego Trauma System Site Visit

Co-chair Forbuss said that the San Diego trauma system operates at an even higher level than that stipulated by the ACS "Gold Book." He said that the San Diego stakeholders were surprised that Las Vegas only had one trauma center, especially with the issue of homeland security. The San Diego stakeholders recommended that Las Vegas choose a hospital based on commitment versus geography. Commitment is critical.

Ms. Gallegos said that she came away from the site visit with a sense that quality, capacity and performance should be focused on for the Southern Nevada trauma system. San Diego has two Level I's and four Level II trauma centers and they are all held to the same clinical standard.

Co-chair Forbuss said that San Diego has a very strong oversight entity (County EMS) where all trauma cases are rigorously reviewed. There is a major focus on quality improvement in the San Diego trauma system through the Medical Audit Committee (or MAC).

Co-chair McKinney-James stated how the San Diego quality improvement or audit process was very impressive. She also said how the governance of the system is a unit within government that certifies and licenses trauma centers. The San Diego stakeholders were very complementary of UMC and its reputation. UMC is nationally recognized as a best practice trauma center.

Mr. Bunker asked if there were any public hospitals in the San Diego trauma system? Mr. Williams replied that University of California San Diego Medical Center is a public institution and that Palomar Medical Center is a health district hospital.

Mr. Bunker asked how the San Diego trauma system distributes trauma patients. Co-chair Forbuss said that when the system was created, they carved up the pie as fairly as possible. They also tried to equally distribute patients who had insurance and those that did not have insurance. They also created the catchment areas based on blunt or penetrating injury.

Ms. Gallegos mentioned that there was a "break in" period for the San Diego trauma system. It did not go smoothly right from the start; it required some adjustments in creating the catchment areas. She also said that trauma centers are only allowed to divert one to two percent of their patients and that they must take any patients that "bounce" back.

Co-chair McKinney-James said this entire process is a critical growth step.

Matt Koschmann, the Director of Business Development and Strategic Planning for St. Rose-Dominican Hospitals, approached the Task Force. He wanted to express that it was St. Rose-Dominican Hospital-Siena's intention to continue to work towards a Level

III trauma center designation. There is no lack of commitment by St. Rose-Dominican. They want to meet the needs of the Task Force and ACS and will do what's right for the Las Vegas valley. If a Level III is needed, St. Rose-Dominican expects to have their trauma center in place around the same time as Sunrise.

Mr. Thompson asked which state agency enforces the trauma system in San Diego? Co-chair Forbuss replied that it is San Diego County who oversees the trauma system and that the trauma centers contract with the County and pay a fee to fund the oversight.

4. Workshop C: Trauma Systems 301 Presentation

Mr. Williams presented the third presentation on trauma system and trauma center financing.

Co-chair Forbuss asked if physicians are paid a salary. Mr. Williams replied that trauma surgeons typically get paid a stipend that ranges from $1,000 to $3,000 per day. This is in addition to what they collect on a fee-for-service basis from each patient. A hospital typically contracts with the physician.

Mr. Bunker asked if trauma centers have back-up call for surgery. Mr. Williams replied that trauma centers typically have back-up three deep.

Mr. Bunker asked how malpractice currently impacts Las Vegas physicians. Mr. Williams said that Nevada has created some protection but as he understood it, the new statute had not been fully tested yet.

Co-chair Forbuss asked if on-call surgeons were under the malpractice cap? Dr. Fildes responded that the Nevada statutes cover on-call and trauma surgeons.

Co-chair Forbuss said that physicians in San Diego appreciated the regulatory oversight because if the hospital's administration wanted to cut back on the trauma program, it cannot be done because of the written standards and the oversight by the County.

Co-chair Forbuss asked when the next Task Force was scheduled. Jennifer Sizemore, the Public Information Officer for Clark County Health District, said it is scheduled for May 10.

5. Update on ACS Site Visit

Mr. Williams said the ACS site visit is scheduled for May 16 to May 19th. A dinner will be held on Sunday, May 16 and that the Task Force was invited to attend the dinner plus any other component of the site visit. Clark County Health District is expecting approximately 75 trauma stakeholders to attend the dinner. ACS stresses an open process and likes it to be inclusive of all participants.

6. Citizen Participation

Co-chair Forbuss asked if anyone from the public wished to speak. Bobette Bond, from the Culinary Union, approached the Task Force. Ms. Bond expressed that the Culinary Union has three major concerns. One – she appreciated the Task Force's willingness to accommodate Sunrise's needs, however, the Culinary Union is depending on the Task Force to complete their work. She said she hopes shortening the timeline will not short change the process. The Culinary Union's reliance on the Task Force is critical because of the weak statutes.

Their second concern is that the Task Force understands the cost of having two trauma centers in Las Vegas valley. She believes that most of the costs for a trauma center are fixed. If Sunrise becomes a trauma center, UMC will continue to have its substantial fixed costs, with no way to recuperate those costs because their volume will decline. What happens if Sunrise fails at being a trauma center? Who will pay for that?

The Culinary Union's final concern is how will it be determined where trauma patients are taken? She does not want to have to tell Culinary Union members that they have to be treated at a Level II trauma center when they want to go to the Level I.

7. Conclusion

Co-chair Forbuss adjourned the meeting at 3:50 p.m.