MINUTES
EMERGENCY MEDICAL SERVICES
FACILITIES ADVISORY BOARD
DECEMBER 11, 2002 – 8:30 A.M.

MEMBERS PRESENT

Blaine Claypool, Valley Hospital/MAB Representative
Don Hessel, Boulder City Hospital
Donald Kwalick, M.D., Clark County Health District
Helen Vos, Mountain View Hospital
Jackie Taylor, University Medical Center
Karla Perez, Chairperson, Spring Valley Hospital
Rick Smith, Summerlin Hospital
Sam Kaufman, Desert Springs Hospital

MEMBERS ABSENT

Brook Richardson-Jenkins, Lake Mead Hospital
Sandra Rush, St. Rose Medical Center
Suzanne Burton Cram, Sunrise Hospital

ALTERNATES

Dee Hicks, Sunrise Hospital

CCHD STAFF PRESENT

Jane Shunney, Asst. to the Chief Health Officer
Jennifer Carter, Recording Secretary
Mary Ellen Britt, QI Coordinator
Rae Pettie, Sr. Administrative Clerk
Rory Chetelat, EMS Manager

PUBLIC ATTENDANCE

Alice Conroy, R.N., Sunrise Hospital
Angela Berg, Sierra Health
Brian Rogers, SWA
Kathy Kopka, R.N., Sunrise Hospital
Pam Turner, R.N., Valley Hospital
Philis Beilfuss, R.N., NLVFD
Randy Howell, HFD
Steven Kramer, AMR
Virginia Deleon, R.N., St. Rose Med. Ctr.

FAB Meeting Minutes
December 11, 2002

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The EMS Facilities Advisory Board convened at 8:30 a.m. on Wednesday, December 11, 2002 in the Clemens Room at the Ravenholt Public Health Center. Chairperson Karla Perez called the meeting to order. The Affidavit of Posting and Public Notice of the Meeting Agenda was executed in accordance with the Nevada Open Meeting Law.

I. CONSENT AGENDA

A motion for Board approval of the August 9, 2002 FAB meeting minutes was made, seconded and unanimously carried.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. City Wide ED Call

Dee Hicks reported a team has been created consisting of medical staff from area hospitals. The team met in October to discuss possible solutions to relieving on-call ED physicians from covering multiple hospitals. Lori Turner co-chairs the team and has indicated that physicians seem pleased with the changes implemented by this team.

Dee Hicks posed questions to the FAB on Suzie Cram's behalf.

- Should there be further pursuit in this effort to provide this service to physicians in the community?
- Should software programs be evaluated for automation in support of this function citywide?
- Are hospital administrators willing to support their medical staff departments on a rotational basis of two months, every sixteen months to accomplish this service to physicians?
- Have any of the facilities received any complaints from physicians since October, which is when the changes were initiated.

Chairperson Karla Perez explained that the original purpose for this effort was as a result of the closure of the trauma center and general surgeons were scheduled on call at more than one hospital at the same time. In response to the question regarding physician complaints, Chairperson Perez stated while some physicians appreciate the coordination in that they are not being asked to take calls at more than one hospital at a time, other physicians have indicated they prefer taking the calls at more than one hospital at a time as they would only have to take those calls one night per week versus two – three nights per week. It is a rare occasion that they ever get called by more than one hospital at the same time.

Blaine Claypool commented he has heard much of the same as Karla has from physicians. He suggested bringing the issue to the MEC (Medical Executive Committee) for their input.

A suggestion from the Board was to consider a review of the difference in call volumes for general surgeons versus a sub-specialist, in an effort to determine how high volumes are handled with a different rotation.

Dee Hicks will take the issue to MEC for feedback.

B. Cardiac Catheterization Lab Rotation

Chairperson Perez stated she was asked by Raj Chanderraj, M.D., a cardiologist @ Desert Springs Hospital, to bring up philosophical discussion regarding cath lab rotation on a city-wide basis to the FAB. In an instance when a cardiac patient requires intervention the timeliness would be key to the success and outcome of that patient. Dr. Chanderraj suggested instead of having cath lab staff on call 24 hours a day, seven days a week, that the hospitals rotate and have the paramedics direct cardiac patients to the hospital that is staffed at that particular time.

Chairperson Perez said she challenged Dr. Chanderraj's suggestion by presenting a hypothetical scenario; What if Desert Springs Hospital happens to be the hospital of the day and there is a patient next door at Mountainview who has a cardiac arrest in the middle of the night and the patient has to be transported to Desert. His point was, by the time it would take Mountainview or another hospital, for their call crew to come in, that patient could already be at Desert getting intervention. Chairperson Perez stated another concern she had was if there is only one or two labs operating there is a potential for those labs to get overwhelmed with cardiac arrest patients.

Comments were made that this would complicate the system, it does not support patient preference and the patients' physician may not practice in the hospital operating at a given time.

Chairperson Perez informed the facility CEOs and COOs that Dr. Chanderraj would be requesting data from them, however she would inform him that the FAB is not in favor of pursuing cath lab rotation.

C. MAB Report

Blaine Claypool reported the Divert Task Force met to discuss and clarify NICU and OB closure. The task force concluded that OB patients would not be diverted and they would be transported to the closest facility. That facility would provide the level of care within its capability and arrangements could be made for transfer to another facility for the appropriate level of care.

Blaine clarified that if a hospital claims they are on OB divert to an ambulance provider, the ambulance provider is to overlook that.

Blain reported the Divert task force met to discuss increased drop times at the facilities. There has been an increase in each of the time intervals previously reported in 2001.

SUMMARY OF SYSTEM-WIDE DROP TIME DATA				
Year	**< 30 Minutes (Average)**	**30-60 Minutes (Average)**	**60-120 Minutes (Average)**	**> 2 Hours (Average)**
2001	53%	40%	5%	.5%
2002	47.5%	44%	7.5 – 8%	.75%

Blaine stated he was asked by the MAB to bring the issue of using urgent care centers as alternative destinations for EMS transports to the FAB for discussion.

Jackie Taylor commented that when the EDs are busy, so are the quick cares and the quick cares are not equipped to provide care to ambulance patients.

A comment was made from the audience that ED level patients would not be taken to the quick cares by ambulance only lower acuity patients.

Jackie commented that now that the flu season is here there is potential for all EDs to become overwhelmed. Some changes that have been implemented at UMC are the Chest Pain Center has been moved out of the ED and put into its own area and converted into a Critical Care Unit; critical care nurses have been hired to monitor critical care patients. As a result of these changes UMC has more ED beds available.

Blaine Claypool commented that Valley Hospital has also done minor remodeling to open more beds and find a way to accommodate the patients.

Randy Howell commented there should be more effort towards exploring the possibility of alternative destinations as statistics indicate that drop times are progressively increasing.

A suggestion was made to review the statistics by facility to determine if there are more than one or two facilities where the wait times are high.

Jackie suggested more emphasis should be focused on holding mental health patients in the ED.

Karla commented on the West Care proposal. She explained that based on a study done through UNLV, West Care is in the process of developing a triage center, which would be a stand-alone facility where mental health and CPI patients would be transported to for assessment. The study involved 1000 patients and of those 1000 patients assessed by the medical staff, only 1% required acute care. 99% of the patients could have been transferred directly to a mental health or an alcohol treatment facility. West Care gave a presentation at a meeting held by the Nevada Hospital Association seeking monetary support from all of the hospitals and governmental agencies and have received a commitment from the governmental agencies in North Las Vegas, Henderson, Clark County, and City of Las Vegas. They are in the process of meeting with all the hospitals to obtain a financial commitment from them as well.

Chairperson Perez stated if this project is successful it could significantly reduce drop times.

Dr. Kwalick commented that the EMS Regulations have been updated to allow alternative destinations and as drop times continue to increase; alternative destinations may need to be considered.

Facility representatives indicated the percentage of ED patients that are admitted to the hospital is between 25%-30% as opposed to the national average of 12%.

There was a suggestion to extend the hours that quick care centers are open.

Blain Claypool reported there was a request from the MAB to get an update from the FAB on the status of utilization of alternate care providers such as ED technicians, in facilities for ED assistance.

None of the facilities that were represented at the time have currently employed the option of hiring alternate care providers.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Dr. Kwalick reported Chris Lake with the Nevada Hospital Association has coordinated the development of the pre-event smallpox vaccination plan. The plan was submitted December 9, 2002, by the State of Nevada to the center for Disease Control. Each facility would be required to immunize approximately 100 patients. All smallpox vaccinations would be on a volunteer basis. Two nurses from Clark County Health District will attend the training in Atlanta. The training will then be provided throughout Clark County.

Chairperson Perez requested an explanation of the risks involved with getting the vaccination, as there were concerns in the community that getting the vaccination could infect an individual with smallpox.

Dr. Kwalick explained, getting the vaccination does not infect anyone with smallpox, however, there are various effects from the vaccine. It can cause blistering, fever and pain from the administration of the vaccine. The vaccinations would be administered on a voluntary basis. However, if a person were exposed to the disease that person would be isolated and quarantined. Training and education is being provided to health care providers and the community at large. The community will be updated on a continuous basis with information regarding the vaccine.

Dr. Kwalick suggested the FAB as an agent of the Board of Health and an agent of the MAB, channel problems that exist regarding access to care to the Board of Health to educate the community at large. Some issues for example would be the nursing shortage, malpractice liability insurance, and ED diversion.

Blaine Claypool commenced a discussion among the committee members regarding divert. He suggested that when all hospitals are busy, all hospitals should be open in an effort to evenly distribute patient load throughout the community. He pointed out that when hospital EDs are closed, the ambulance providers continue to transport patients to the ED for the first 30 minutes of closure and as soon as that ED opens it gets inundated with patient flow. In his opinion it would be more manageable for the EDs and the ED staff to have the patient flow spread out over an hour, minimizing ED closures.

A concern was raised regarding the safety of patients when the EDs are expected to stay open and are at their capacity of patient care, and patients are continuing to come through the doors.

Blaine replied all hospitals are faced with the same situation.

Some suggestions were:

- Maintain regions so that only one hospital ED out of ten can go on closure at a time.
- Post projected ED wait times to the EMSystem to alert ambulance providers of the hospitals status.
- Initiate a pilot program within a region to test the idea.
- Consider redesigning the zone of the hospitals to better accommodate closure and patient flow

Another suggestion was to consider the percentage of walk-in patients versus patients transported by ambulance.

A motion was made to have the Divert Task Force explore the idea of minimizing ED closure. The motion was seconded and carried unanimously.

IV. ADJOURNMENT

As there was no further business, Chairperson Karla Perez called for a motion to adjourn. The motion was seconded and carried unanimously to adjourn at 9:30 a.m.