

**MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
JUNE 5, 2002 – 6:00P.M.**

MEMBERS PRESENT

Alice Conroy, R.N.	Jeff Greenlee, D.O.	Richard Henderson, M.D.
Allen Marino, M.D.	John J. Fildes, M.D.	Steve Hanson
Blain Claypool	Jon Kingma	Todd Jaynes
David Daitch, D.O.	Karen Laauwe, M.D.	
Donald Kwalick, M.D.	Nicholas Han, M.D.	
Donald Reisch, M.D.	Pete Carlo	
E. P. Homansky, M.D.	Philis Beilfuss, R.N.	
Jeff Davidson, M.D., Chairman	Randy Howell	

MEMBERS ABSENT

Bryan Lungo, M.D.	Steven Peterson
Chief David Kalani	Timothy Vanduzer, M.D.
David E. Slattery, M.D.	
David Watson, M.D.	

ALTERNATES

Steven Kramer
Mike Meyers
Paul Fischer

CCHD STAFF PRESENT

Connie Read	Mary Ellen Britt, R.N
Jennifer Carter – Recording Secretary	Shannon Randolph
Joe Heck, D.O.	

PUBLIC ATTENDANCE

Aaron Harvey, HFD	Missy Greenlee, Mercy Air
Brent Hall, CCFD	Nancy Harland, Sunrise Medical Ctr.
Don Abshia, CCFD	Pamela Rowse, St. Rose Dominican
Don Hales, AMR	Patti Glavan, BCH
Joe Calise, Summerlin Hospital	Scott Rolfe, UMC
Micheal Zbiegien, Sunrise Medical Ctr.	Sharon Chayra, Chayra Com.
Mike Griffiths, Mercy Air	Simonne Beck, CCT-UMC

I. CONSENT AGENDA:

Minutes Medical Advisory Board Meeting April 1, 2002

Dr. Davidson asked for a motion to approve the April MAB minutes. A motion was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION:

A. Helicopter Medical Advisory Committee to be a Sub-Committee of the MAB

Dr. Heck referred to a consultant report on Aeromedical Services from which a template was designed for forming a Helicopter Medical Advisory Committee. The template has been utilized at the Health District for six months. Aeromedical Services recommended the following make up for the Helicopter Medical Advisory Committee:

- A Health District Representative
- The Medical Director from each Aeromedical Service
- A representative from the Helicopter Administrative Oversight Committee (HAOC)
- An EMS ground representative
- The Chief Flight Nurse from each Aeromedical Service

The Helicopter Advisory Committee will become a sub-committee of the MAB, which will include 4 additional members totaling 9 members as does the other MAB sub-committees.

Suggestions from the board were made to appoint seats on the committee to AMR and/or helicopter dispatch. Dr. Kwalick suggested all interested parties submit a written request with justification for the request to Jane Shunney.

The Helicopter Medical Advisory Committee will only oversee rotor-wing ambulances not fixed-wing.

B. FAB Report

Blaine Claypool reported the FAB has not endorsed any recommendations about the definition of internal disaster. The issues were referred to the Hospital Flow Sub-Committee. The Blue Ribbon Committee agreed that internal disaster is defined as flood, power outage, no water, bomb threat, and terrorist activities. Patient overflow would not be considered a reason for declaring an internal disaster. The FAB will determine if a major computer outage that exceeds normal down time capabilities would be included as a reason for declaring an internal disaster.

External factors being forces brought upon us i.e., the onslaught of patients that keep coming and we can't stop. It was suggested that we alert each other and the hospital CEO's by identifying tiers or levels of overload or trigger points when closure has reached a critical mass point and rotation among hospitals would then be started. Perhaps there are release valves for these external factors that we can respond to.

Ambulance providers and board members appeared to be in support of the direction suggested by the FAB and Divert Committee to explore a plan to address external factors to prepare for the coming winter.

May 17, 2002 minutes from the Blue Ribbon Sub-Committee are attached for review.

The former procedure regarding internal disaster has expired, however it was agreed by the MAB to extend the internal disaster policy until another policy is in place, which will force open all other hospitals when one hospital declares an internal disaster.

C. Discussion of Revised Regulations

Dr. Heck reviewed the draft regulations with the summary of changes plus additional changes (errata sheet). The draft regulations were submitted to the MAB for endorsement. A motion was made to endorse the revised EMS Regulations. The motion was seconded and passed unanimously. The EMS Regulations will be presented to the Board of Health with the MAB's endorsement Thursday, June 27, 2002.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. ED Nurse Managers Report

April Meeting - Alice Conroy reported the ER Supervisors met in April at Valley Hospital.

- Montevista is no longer accepting the Medicare population into their patient group.
- There was a presentation by the nurse manager of Valley Hospital's Geriatric Behavior Program, which acquainted the group with Valley Hospital's admission criteria and notification processes. A review was given of the Geriatric programs that are available at Lake Mead and at Southern Nevada Adult Mental Health.
- A representative from Southern Nevada Adult Mental Health spoke of the increase in their crisis beds from 10 to 20.
- Discussion took place on providing notification to managed care providers so there could be pre-authorization made to transport their patients to what would be perceived as a lower level of care – from the hospital to any where else other than another acute care facility. AMR will arrange a meeting to clarify what providers would be involved and what the appropriate contacts would be.
- There was discussion on PCS forms and making sure that the hospitals had the most current copies.
- UMC's ED announced that they would be increasing their bed capacity from 50 to 59 through a relocation of their chest pain observation services.
- Further discussion took place regarding staff and patient safety, as there were issues that occurred in the waiting rooms. Information was exchanged about security and different techniques that may be used to manage the waiting rooms, at particularly difficult times.
- There was an item about internal disaster and the potential work being done by the FAB for definition as well as some discussion of situations that lead two hospitals down that path and what may have been done proactively to look at how they might be handled if similar situations developed.
- West Care is taking an interest in the old Shadow Lane facility with the potential to expand some of their programs by as much as 30 beds.

The May 31, 2002 meeting was held at UMC and there were two new members welcomed to the group:

- Natalie Seaber, Assistant Clinical Manager UMC Adult Emergency Department and
- Diane Speer, Director of Critical Care & Emergency Services Lake Mead Hospital.

Items discussed were:

- Valley Hospital Inpatient Psychiatric Unit
After hours evaluations are not getting done due to the lack of staff. Managers have been instructed to call the unit with the information and it will be passed on to the LCSW the following day. The respective emergency department will be contacted with the time an evaluation will be done.
- Left Before Being Seen Form
A question was raised as to whether there was a unified form used throughout the hospitals in the waiting rooms that is signed by a patient if they decide to leave before receiving treatment. Pam Turner from Valley has a form that is used by UHS. She will provide the form to all the valley ED nurse managers.
- Telephone Triage
A question was raised as to whether any ED's were giving medical advice over the phone. It was determined that no one in town was giving out medical advice over the phone other than referring the caller to the nearest ED of their choice. All ED's are referring callers to 911 if they are requesting emergency help.
- Prior Authorizations
Steve Kramer presented a memo from AMR outlining that patients in area emergency departments being transferred to a lower level of care, must have prior authorization for transfer if they have the following insurance; Nevada Care, PacifiCare, and Sierra Health. Pre-authorization is required by AMR prior to transport.

The next nurse managers meeting is scheduled for June 28, 2002 at Sunrise Hospital.

Discussion

Dr. Fildes reported on the medical liability issues that are affecting the UMC trauma center. There have been an increased number of resignations from surgeons and surgical specialists over the last few weeks. He anticipates a decrease in staffing that will begin to affect the trauma center in July but will be critical in August. If the UMC Trauma Center were unable to legally provide the services expected of a trauma center the trauma center would have to cease operation. Issues are being discussed at the county, state and federal level to look at the regulations and try to avoid service interruption. Service interruptions can potentially be predicted 3 weeks in advance in which case other hospitals will be notified.

Dr. Davidson commented other hospitals should prepare to receive lower or intermediate level trauma cases into their ED's.

LVMH has expanded its outpatient services by 10 more beds. Private transport agencies are using BLS and ILS units to respond to ALPHA calls.

The next MAB will be held in the newly renovated building located behind the main CCHD building across the parking lot.

Dr. Kwalick reported there would be a news conference at 10:30 Monday, June 10, 2002 in the Governors' suite at the Grant Sawyer Building to announce the CDC grant application approval for the bio terrorism infrastructure preparedness money. Five million dollars will be awarded to Southern Nevada for various projects having to deal with bio terrorism infrastructure. One project of which will be the Public Health Laboratory presence in Southern Nevada.

Next Meeting

A motion was made to cancel the July 3, 2002 MAB meeting. The motion was seconded and passed unanimously.

The next meeting will be August 7, 2002.

IV. ADJOURNMENT

As there was no further business, Dr. Davidson called for a motion to adjourn. The motion was seconded and carried unanimously to adjourn at 6:40 P.M.