MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
NOVEMBER 6, 2002 – 2:00P.M.

MEMBERS PRESENT

Allen Marino, M.D., St. Rose Dominican Hospital
Blain Claypool, Valley Hospital
David Daitch, D.O., Boulder City Hospital
Donald Kwalick, M.D., Clark County Health District
Frank Pape, D.O., Summerlin Hospital
Jeff Davidson, M.D., Chairman, Valley Hospital
Jon Kingma, Boulder City Fire Department
Karen Laauwe, M.D., Lake Mead Hospital
Asst. Chief Mike Myers, Las Vegas Fire & Rescue
Pete Carlo, Southwest Ambulance
Philis Beilfuss, R.N., North Las Vegas Fire Department
Richard Henderson, M.D., St. Rose DeLima
Steven Peterson, American Medical Response
Timothy Vanduzer, M.D., Mountain View Hospital
Todd Jaynes, Mesquite Fire & Rescue

ALTERNATES

Aaron Harvey, Henderson Fire Department
Alice Conroy, R.N. Sunrise Hospital
Ed Matteson, Clark County Fire Department

MEMBERS ABSENT

David Watson, M.D., Sunrise Hospital
Donald Reisch, M.D., Desert Springs Hospital
E. P. Homansky, M.D., Valley Hospital
John J. Fildes, M.D., University Medical Center
Michael Zbiegien, M.D., Sunrise Hospital
Pam Turner, R.N. Valley Hospital Medical Center
Chief Randy Howell, Henderson Fire Department
Chief Steve Hanson, Clark County Fire Dept.
William Harrington, M.D., University Medical Center

CCHD STAFF PRESENT

Jane Shunney, R.N., Asst. to the Chief Health Officer
Jennifer Carter, Administrative Secretary
Joseph Heck, D.O., EMS Operations Medical Director
Mary Ellen Britt, R.N., QI Coordinator
Michael MacQuarrie, EMS Field Representative
Rae Pettie, Sr. Administrative Clerk
Rory Chetelat, EMS Manager

PUBLIC ATTENDANCE

Derek Cox, American Medical Response
Diane Speer, Lake Mead Emergency Department
Helen Vos, Mountain View
Joseph Ruley, Montevista Hospital
Kathy Kopka, Sunrise Hospital
Lynda Courtney, Clark County Managers Office
Nancy Harland, Sunrise Hospital
P. Michael Murphy
Patti Glavan, Boulder City Hospital
Sandy Young, R.N. Las Vegas Fire & Rescue

I. CONSENT AGENDA:

A. Minutes Medical Advisory Board Meeting October 2, 2002

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

B. Appointment of Chairman to Priority Dispatch Task Force

Chairman Davidson nominated Dr. Frank Pape as the Chairman of the Priority Dispatch Task Force and Dr. Pape accepted the position.

Chairman Davidson presented Dr. Laauwe with a letter of acknowledgement on behalf of Dr. Kwalick and the MAB. Dr. Laauwe was also presented with an engraved, brass desk clock in recognition of her four years of service on the Medical Advisory Board.

II. REPORT/DISCUSSION/POSSIBLE ACTION:

A. Priority Dispatch Task Force Report

Dr. Pape reported that it was undecided as to whether ILS ambulances would be responding to Bravo level calls. The task force is going to research one full year of data to assist in arriving at a decision. Chairman Davidson gave a brief summary of what the Priority Dispatch Task Force was asked to accomplish. The Task Force was asked to review certain Bravo and some Alpha calls to see if an ILS staffed unit could respond. The task force felt they needed to individually review all Bravo calls to try and eliminate those with a higher propensity to be an ALS type of call. Therefore, the task force is going to review all of the dispatch cards and one year of data on Bravo level calls next month and inform the MAB of which Bravo calls should be considered for ILS response.

There was a request for clarification on the motion made at the September 2002 MAB meeting regarding ILS responses to Bravo level calls.

Dr. Heck explained at the first Priority Dispatch meeting where ILS responses to Bravo level calls was addressed, the task force discussed how to divide out the calls, whether it should be certain Bravo calls or based on certain system levels. At the September MAB meeting, the concept of responding ILS units to certain Bravo level calls was medically endorsed by the MAB and was sent to the Ambulance Oversight Committee (AOC) to see whether or not there were any issues with the franchise agreement. The AOC indicated there were no issues from their perspective, therefore it is up to the MAB to decide which calls ILS units could respond to. As a result of the decision made by the AOC, the Priority Dispatch Task Force will review the dispatch cards and make a recommendation to be presented to the MAB for endorsement.

B. Divert Task Force Report

Dr. Davidson reported all the Neonatal Intensive Care Unit (NICU) representatives from the facilities were invited to attend the November 2002 Divert Task Force meeting. The reason for the meeting was to discuss the Labor and Delivery (L&D), Obstetrical (OB) and NICU closure issue. A memo will be distributed from the MAB to the EMS community, hospitals, and field personnel stating that there are no OB, L&D, or NICU, closure catagories. By definition all L&D units and NICUs are open twenty-four hours per day, seven days per week.

A comment from the transport services was that it is their responsibility to transport a woman with an imminent delivery to the closest appropriate emergency department, not to an L&D. The Clark County Health District EMS office is in support of this position. However, the transport services will continue to deliver a laboring patient to L&D when able and directed to do so by the emergency department as it is probably in the best interest of the patient.

Concerns were raised as to how to handle the obvious high-risk patient; i.e., no prenatal care; or a less than 34-week delivery that is imminent. Should those patients be diverted to a hospital with level 3 NICU?

The response was the patient has to be taken to the closest Emergency Department (ED). That facility will provide a level of care within its capabilities and then make arrangements to have the patient taken to a higher level of care if needed, whether it is a level 2 or level 3 NICU.

There has been some confusion created by different comments being entered into EMSystem monitor screen regarding NICU status, i.e., NICU Full, NICU busy. The consensus of the task force was to eliminate references to L&D or NICU status from the screen completely so there is no confusion to dispatchers and/or EMS personnel.

Steve Peterson said it was his understanding that the fields on the EMSystem are now open to narrative reporting by the users. AMR has traditionally been the gatekeeper for this process so he thinks it is a good idea to remind people to comment appropriately, however, that is going to be very difficult to monitor and enforce. AMR is very concerned about open field reporting, particularly the aspect of a facility being able to put themselves on and off closure.

Mike Meyers explained during the September 19 Bioterrorism Disaster Drill, in order to allow hospitals to input data into the comment box, (i.e. how many patients they could accept) those fields were opened. He said he could lock the system down and go back to the way it was when AMR was the only one allowed to open and close. That would eliminate the opportunity for hospitals to input data.

Chairman Davidson stated the facilities must go through AMR as the gatekeeper to report open and closure status or to get in line to go on closure. Open and closed status will be monitored and if multiple conflicts occur, consideration will be given to locking the system.

Dr. Heck is going to work on a standard dictionary of comments to be implemented for EMSystem users. The FAB will be requested to comment on what to do about NICU inter-facility transfers to help facilitate the transfer of patients to hospitals who provide those services. The Divert Task Force and MAB concluded this issue is outside of the jurisdiction and authority of the MAB.

Another comment made by the transport agencies is that the wait times have climbed again because facilities do not want to take their hour of closure. By staying open EMS units continue to back up causing long wait times. The Divert Task Force has requested data from the transport agencies to help identify where increased wait times are occurring and to determine if they are occurring during certain times of the day. The next meeting for the Divert Task Force is scheduled for Wednesday, December 4, 2002, at which time the task force will review the data presented by the agencies.

There will be a new hospital opening and then a second one after that in zone A. Chairman Davidson suggested discussions take place to determine if zone A would expand to include a fifth and sixth hospital or would there be a realignment of all zones to accommodate the changes in the system.

C. Ambulance Oversight Committee (AOC) Report

The AOC determined there were no issues from their perspective with the franchise agreement regarding ILS transport of Bravo level calls. Therefore, they referred the issue back to the MAB and Priority Dispatch Task Force.

D. Pilot Project: Mesquite Fire & Rescue

Todd Jaynes reported that Mesquite began offering the service of transporting to Mesquite Medical Associates (MMA) effective November 1, 2002. There have not been any patients transported. Mesquite personnel have been educated on the pilot project. Both the clinic and EMS personnel were involved in the development of QA reports so each call will be reviewed.

In response to the discussion at the October MAB meeting regarding the use of medications other than Nitroglycerin and Heparin as IV drips, Todd stated he discussed the issue with the physicians at MMA. However, the physicians preferred to use the medications requested in the pilot study. Currently, if an IV drip has been initiated at the MMA facility it may need to be turned off so EMS crews can transport the patient. Todd would prefer for the crews to be educated to monitor the drip during transport. Dr. Davidson agreed that the MAB would not endorse discontinuing medications during transport. Dr. Heck stated that the issue is not to dictate to other physicians what medications are used to treat their patients. The issue is can Mesquite EMS

personnel monitor the classification of drugs the physician has ordered, (Nitroglycerin, Heparin and IV antibiotics) after attending an educational program. During the discussion there was a recommendation that the drip rate be fixed during transport.

A motion was made to allow Mesquite Fire & Rescue to continue to monitor a fixed rate drip of IV Nitroglycerin, Heparin and antibiotics that were initiated by MMA to transport to Las Vegas or to St. George. Chairman Davidson called for discussion.

Dr. Kwalick asked if Dr. Geraci, the Mesquite Fire and Rescue Medical Director, was in support of the request. Todd responded that they have the support of their medical director as well as the physicians at the clinic. Dr. Heck added that the original request for the pilot study included a required educational program to be reviewed by the Health District. Derek Cox asked if monitoring these medications was within the scope of practice for paramedics in the State of Nevada. Dr. Heck responded, paramedics are allowed to administer medications that are approved by the Health Officer and Medical Director.

Chairman Davidson called for a vote. The motion was seconded and passed with 21 yes votes and 1 no vote.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. ED Nurse Managers Report

Alice Conroy reported the ED Nurse Managers met Friday, November 1, 2002 at Sunrise. Discussions took place regarding Legal 2000's and the group will invite Judge Voy back to a meeting to clarify the procedure for filing the appropriate paperwork if the patients' Legal 2000 were near expiration. The nurse managers would also like to seek direction from Judge Voy regarding Legal 2000 patients i.e., if they were to be brought forward to a hearing; what would be safe transport, who would accompany the patient, what would the process be in total. Answers to the questions would allow the hospital to have appropriate discussions within their facilities on the issue.

West Care is hoping to expand their services to the chronic public inebriate population, to include a transport component. They are seeking funding from the county, cities and hospitals. Alice commented that John Wilson pointed out that there is a bill draft whereby Metro may be looking for Southwest and AMR to be the primary transporters of the CPI patients rather than Metro.

As previously discussed, the waiting time for ambulance personnel to transfer care to the emergency department staff is increasing at some hospitals. The transporting agencies are preparing a draft of a plan that will address the issue of EMS personnel being held up in hospitals and being unable to respond to calls in the community. It is being proposed that when the transporting agencies literally do not have a unit to respond to the next call they will pull an ambulance from the emergency department closest to the call. The nurse managers would like to have that work done collaboratively so that if it were to come forward, as a potential city-wide initiative, that the discussions between the EMS agencies and emergency department personnel could take place prior to it being present in this forum.

There was an announcement made that Mike Meyers will be meeting with each individual hospital and their IS departments and anyone else deemed appropriate, to make sure that EMSystem was functioning in each facility at its highest level and that all the appropriate users had been identified.

Mr. Joseph Ruley from Montevista plans to meet with each of the nurse managers to discuss empty beds at their facility they would be willing to utilize for indigent patient overflow. Alice also commented on new construction and other changes within the emergency departments at Valley, Summerlin and St. Rose-Siena that will eventually increase the number of ED beds in the community.

Steve Peterson stated he was approached by representatives from West Care, the Metropolitan Police Dept., and the State Legislature who said that we are not going to be able to look to the State to provide any form of funding for a mental health crisis center. They are looking to establish a crisis center that would function 24/7 and would be staffed out of West Care and funded through a triad relationship. The funding would come from the county, state and area hospitals. The Southern Nevada Planning Coalition is looking to operationalize their efforts in January.

B. QA Report

Mary Ellen Britt reported the QI Directors met in October and continued their work on the development of clinical performance measures. The three clinical performance measures under development are:

1. Out-of-hospital non-traumatic cardiac arrest return of spontaneous circulation rate.
2. Effect of bystander CPR and AED use on patient outcome.
3. Efficiency of our EMS system in delivering critical trauma patients to the Trauma Center.

The workgroups are in the process of refining their study questions and developing secondary questions, primary and secondary outcome measures, data collection tools and data dictionaries for their clinical performance measures.

Dr. Davidson stated physicians giving telemetry orders should abide by the protocols as written with regard to the administration of medications that are currently in place. The medications should be ordered based on the indications listed on the protocol. Any requests for changes in protocols need to be brought to the attention of the MAB.

When asked to comment, Dr. Heck stated the physician and paramedic should abide by the protocols. If there is significant concern in the physician community that a medication needs to be used in a different way than currently allowed by protocol, it needs to be made part of the protocol. Whether or not the paramedic is comfortable with the order, if it is outside of the protocol, the paramedic is responsible if something goes wrong.

Chairman Davidson announced that the Critical Care Transport (CCT) will no longer be operating out of UMC. There will be a CCT forming under AMRs direction with Universal Health Systems (UHS) supporting it. Steve Peterson affirmed that they have separated the contract with UMC effective the end of the year. AMR will be bringing the program in-house. They have three new units that just arrived and they are anxious to get them staffed and on the road.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No Response

V. ADJOURNMENT

As there was no further business, Chairman Davidson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:03 P.M.