

**MINUTES**  
**EMERGENCY MEDICAL SERVICES**  
**MEDICAL ADVISORY BOARD MEETING**  
**APRIL 2, 2003 – 3:30P.M.**

**MEMBERS PRESENT**

Alice Conroy, R.N., Sunrise Hospital	John J. Fildes, M.D., University Medical Center
Bryan Lungo, M.D., University Medical Center	Jon Kingma, EMT-P, Boulder City Fire Department
David Daitch, D.O., Boulder City Hospital	Asst. Chief Mike Myers, Las Vegas Fire & Rescue
David A. Rosin, M.D., Mental Health & Development Svcs.	Pete Carlo, EMT-P, Southwest Ambulance
David Watson, M.D., Sunrise Hospital	Philis Beilfuss, R.N., North Las Vegas Fire Department
Donald Kwalick, M.D., Clark County Health District	Division Chief Randy Howell, Henderson Fire Department
Donald Reisch, M.D., Desert Springs Hospital	Rick Resnick, Mesquite Fire & Rescue
E. P. Homansky, M.D., Valley Hospital	Richard Henderson, M.D., St. Rose DeLima
Frank Pape, D.O., Summerlin Hospital	Timothy Vanduzer, M.D., Mountain View Hospital
Jeff Davidson, M.D., Chairman, Valley Hospital	William Harrington, M.D., University Medical Center

**ALTERNATES**

Carl Nelson, Clark County Fire Department  
Gerry Hart, American Medical Response

**MEMBERS ABSENT**

Allen Marino, M.D., St. Rose Siena Dominican Hospital	Darrin Houston, D.O., Lake Mead Hospital
Blain Claypool, Valley Hospital	Steven Peterson, American Medical Response
Chief Steve Hanson, Clark County Fire Dept.	

**CCHD STAFF PRESENT**

David Slattery, M.D., EMS Assistant Medical Director	Michael MacQuarrie, EMS Field Representative
Jennifer Carter, Recording Secretary	Rae Pettie, Sr. Administrative Clerk
Mary Ellen Britt, RN, QI Coordinator	Rory Chetelat, EMS Manager

**PUBLIC ATTENDANCE**

Davette Shea, WestCare Nevada	Roy Carroll, AMR
Jacqueline Mador, Summerlin Hospital	Sam Wilson, SMS
Jim Osti, WestCare Nevada	Scott Johnson, LVFR
Kathy Kopka, Sunrise Hospital	Scott Rolfe, RN, UMC
Michael Zbiegien, MD, Sunrise Hospital	Shawn White, HFD
Natalie Seaber, UMC	Tim, LVF&R
Patti Glavan, Boulder City Hospital	Tom Geraci, DO, MF&R

**CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The EMS Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:42 p.m. on Wednesday, April 2, 2003. The meeting was called to order by Chairman Jeff Davidson, M.D. He stated the Affidavit of Posting, Mailing of Agenda, and public notice of the meeting agenda were executed in accordance with the Nevada Open Meeting Law. Chairman Davidson noted that a quorum was present.

Introduction of New MAB Member

Chairman Davidson welcomed Dr. David A. Rosin, MD, Mental Health & Development Services, as a new member to the MAB, and he commented Dr. Rosin would be an asset to the MAB in the capacity of mental health.

**I. CONSENT AGENDA:**

Minutes Medical Advisory Board Meeting March 5, 2003

Chairman Davidson asked for a motion to approve the March 5, 2003 meeting minutes. A motion was made, seconded and passed unanimously.

**II. REPORT/DISCUSSION/POSSIBLE ACTION:**

A. Divert Task Force Report

1. Discussion of 30-Day Trial for Legal 2000 Divert Operational Protocol

Chairman Davidson reported the Divert Task Force agreed unanimously to accept the language stated on the L2K (Legal 2000) Divert Operations Protocol with the exception of modifying 1A and 1B, where AMR is mentioned, to reflect AMR *Dispatch*. The task force decided the L2K Divert Operations Protocol should be put into practice on a month-to-month basis with monthly evaluations.

The transport agencies have stressed concerns that the L2K Divert Operations Protocol has not had a positive affect on drop times of mental health patients, Chairman Davidson affirmed. However, some of the physicians on the task force indicated that the indirect affect is, the overall drop times have benefited in that more medical patients may be moving quicker, which frees up ED beds.

Gerry Hart, AMR, stated approximately eleven L2K diversions are transported per day by AMR and ten transported per day by Southwest Ambulance.

Chairman Davidson made a motion to accept the L2K Divert Operations Protocol as an operations protocol with month-to-month reviews for improvements as needed. The motion was seconded and passed unanimously.

2. Discussion of Current EMS Procedure for Emergency Department Closure Protocol vs. Alternatives to Reduce Drop Times

Chairman Davidson reported the Divert Task Force in collaboration with the Health District and the Fire Alarm Office, is planning to work on developing a reporting mechanism, which complements the current ED Closure Protocol that would alert the transport agencies of long wait times at local facilities. An example would be facilities could report on the EMSsystem how many ambulances are waiting on a 30-minute timeline. He mentioned a reporting mechanism could be beneficial to the community by revealing the fact that, not only has one facility been forced open, but also in addition to being forced open, that facility may be overwhelmed with several ambulances waiting there for 30 minutes.

B. Update on Trial Protocols

1. Patient Transfer to Receiving Facility Protocol

Rory Chetelat, CCHD, reported the data received has been consistent and he has not identified any major problems from the receiving facilities or the transport agencies. Out of 160 data forms received in the EMS office from the facilities, six of those indicated problems, most of which were communications problems. For example, he explained, a patient was transported to a hospital that was either on ED closure or the EMSsystem had not been updated. Therefore, he stated the amount of error that was occurring as a

result of the L2K patients was minimal. While there was some discussion at the Divert Task Force about the L2Ks from the transport agency perspective, he hasn't received any concrete data indicating major complications or problems from the agencies. He supported Dr. Davidson's statement that the Health District, in collaboration with the Divert Task Force, will continue to evaluate the L2K Divert Protocol and adjust it as necessary, as data becomes available.

Rory mentioned as it appears the current Patient Transfer to Receiving Facility (PTRF) protocol has not effectively decreased drop times, the Divert Task Force and the Health District will work on alternatives to the protocol.

Chairman Davidson commented that the first item on the agenda at the next Divert Task Force meeting will be to evaluate the PTRF protocol to see if it can be amended to perform better for both the agencies and the facilities, avoiding major compromise the EDs.

2. Legal 2000 Divert Protocol

Gerry Hart, AMR, reported that they are transporting about 11¼ per day from 911 or metro and he recalled Southwest reported transporting approximately 10 per day.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

A. Update for Community Triage Center

James Osti reported in January 2003 the Community Triage Center (CTC) had 255 admissions to the facility and during the transition of becoming the interim CTC; there were 270 admissions to the facility in February 2003. As of the end of March the CTC now has 457 admissions. He pointed out, it has been confirmed that 41 patients were diverted to the CTC from area EDs. He mentioned the CTC is now staffed with physicians who are handling call 24 hours a day 7 days a week. As of April 1, 2003 the physicians are making a daily visit to the CTC. The CTC is also working to ensure that a full compliment of physician extenders is available in the facility, seven days a week, eight hours per day.

Mr. Osti commented that a task force has been composed to help with the development of new procedures, and to look at old procedures for possible revisions. A CTC representative is planning to present information to the task force requesting liberalization of the divert criteria, to allow for more individuals who are medically stable to be transported to the CTC, rather than EDs, in an effort to improve patient flow.

Chairman Davidson inquired of the CTC transport vehicles.

Mr. Osti explained the CTC has 3 transport vehicles. Two came from Las Vegas Fire Department, and one from AMR. There are two CTC transport crews who are picking up patients 24 hours per day 7 days per week. The third vehicle is used as a fall back mechanism, in case one of the other vehicles is out of service.

Chairman Davidson requested an update on prescription medications.

Mr. Osti replied while the CTC is not currently equipped to fill prescriptions, the CTC has negotiated contracts with local pharmacies, and as a result is able to obtain prescription medications for patients through those pharmacies. Therefore, the CTC transport crews are able to pick up prescriptions for the patients on the way to the CTC.

B. ED Nurse Managers Report

Scott Rolfe reported the ED Nurse Managers met at the Health District Friday, March 28, 2003. Todd Rush and Davette Shea gave a presentation on the developments at WestCare, the Community Triage Center. Ms. Shea volunteered to attend facility ED staff meetings to give a presentation on how WestCare can facilitate EDs in getting patients to the CTC. Mr. Rolfe mentioned that his experience in working with the CTC has been very positive, and all their hard work is appreciated.

Lengthy discussion took place at the ED Nurse Managers meeting about L2Ks, Mr. Rolfe continued. He said he asked the nurse managers to consider making a recommendation to the FAB, to consider modifying the level loading of L2K patients from five patients per hospital to a per capita basis. Unfortunately, he pointed out, there

were not enough nurse managers in attendance to make a recommendation of any kind. Therefore, the discussion was tabled until the next ED Nurse Managers meeting.

Kaye Godby gave a presentation on bio-terrorism; Mr. Rolfe continued, and she encouraged nurse managers to call her office with any questions and/or concerns. She mentioned there would be a CCHD hotline available 24 hours per day, seven days per week for bio-terrorism related questions.

The next ED Nurse Managers meeting is scheduled for Friday, April 25, which will be sponsored by Sandy Young with Las Vegas Fire & Rescue.

C. QA Report

No report.

D. ED Divert Statistics

Chairman Davidson noted the ED statistics were included in the packets and commented there is continued success, as most facilities are staying open.

E. Psychiatric Tracking Totals

Not available.

Dr. Rose Bell, PhD, MPH, Epidemiologist Manager, Clark County Health District, provided information regarding what the procedure is in the event a Severe Acute Respiratory Syndrome (SARS) case occurred at McCarran International Airport. Dr. Bell and a nurse representative from the Health District met with officials from airline immigration and customs, Singapore Airlines representatives, Japan Airlines representatives, and paramedics. The plan that was put in place, Dr. Bell explained, involves Singapore and Japan airlines that might have passengers from China, Hong Kong, Hanoi, or Singapore areas where outbreaks of SARS were occurring. The plan does not address airlines that might be bringing passengers to another airport that might then come to Las Vegas. A passenger may be well when they get off the plane, and be incubating the illness while visiting Las Vegas. There is no way to identify those particular passengers. Singapore and Japan airlines are going to be carrying masks and asking the flight crew to be observant. If the flight crew notices somebody with fever and obvious respiratory symptoms, those individuals would be asked to put a mask on, and if the plane were not crowded they would be asked to move elsewhere, away from the other passengers. As the flight arrived to McCarran Airport the flight crew would notify the ground crew that they have a potential SARS case. There is a Health District nurse at the clinic in the airport that has set hours. If the nurse is available, the ground crew would contact the nurse and he or she would escort the individual off the plane into a holding room in the airport away from everyone else. If the nurse were not available, one of the paramedics stationed at the airport would escort the passenger. Then 911 would be called and the individual would be transported to the closest facility that is not on closure, and which has isolation rooms with negative pressure in their ED. The transporting agency would notify the hospital that they are bringing a potential SARS case. Dr. Bell reported there are no known SARS cases in Nevada. She said her latest information is that in Hanoi and Singapore SARS is contained and the number of cases in China and Hong Kong has decreased considerably in the past two days.

A question was asked, has it been determined that the masks will prevent the spread of the virus.

Dr. Bell, replied, the N-95 respirator has been recommended by CDC for health care workers. She said the N-95 respirator filters viruses and that is why they are recommended.

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Alice Conroy commented the kidney transplant physicians at Sunrise Hospital asked her to request EMS transport personnel, when transporting kidney transplant recipients to please try to assess at which of the two local facilities the patients had their transplants done, regardless of how long it has been since they received the transplant. She mentioned it would be beneficial to the patient to be transported to the facility that performed the kidney transplant for continuity of care and availability of the patients' medical record.

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Rory commented, Henderson Fire Department has asked to arrange a pilot program, which has been reviewed by the Health District Operational Medical Director, to allow EMT-B practitioners to start IVs in the field under the supervision of paramedics. The proposal will be brought back to the MAB for endorsement.

Dr. Kwalick announced the Health District is conducting an Adverse Events Training Program for smallpox vaccination, April 8, 2003 from 12noon to 2:00p.m. Dr. Tracy Green from Northern Nevada is collaborating with the State of Nevada to present the course. He encouraged physicians interested in attending the course to contact him.

**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 4:07 P.M.