

**MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
MAY 5, 2004 – 3:30P.M.**

MEMBERS PRESENT

Jeff Davidson, M.D., Chairman, Valley Hospital
David L. Watson, M.D., Sunrise Hospital
E. P. Homansky, M.D., ED Physician at Large
Frank Pape, D.O., Summerlin Hospital
David Daitch, D.O., Boulder City Hospital
William Z. Harrington, M.D., UMC
Donald Reisch, M.D., Desert Springs Hospital
Kevin Slaughter, D.O., Spring Valley Hospital
John J. Fildes, M.D., University Medical Center
Rick Resnick, Captain, Mesquite Fire & Rescue

William Elsaesser, M.D., Lake Mead Hospital
Kathy Kopka, R.N., Nurse Manager Representative
Philis Beilfuss, R.N., North Las Vegas Fire Department
Division Chief Randy Howell, Henderson Fire Department
Sam Kaufman, FAB Representative
Bryan Lungo, M.D., University Medical Center
Wade Sears, M.D., Southern Hills Hospital
Pete Carlo, EMT-P, Southwest Ambulance
Timothy Vanduzer, M.D., Mountain View

ALTERNATES

Tim Crowley, EMT-P, Las Vegas Fire & Rescue
Brent Hall, EMT-P, Clark County Fire Department

Joseph Heck, D.O., Clark County Health District
Peter N. Novalis, M.D., Southern NV Mental Health

MEMBERS ABSENT

John Kingma, Boulder City Fire Department
Allen Marino, M.D., Southwest Ambulance

Kurt Williams, American Medical Response
Richard Henderson, M.D., St Rose Dominican/Rose de Lima

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Rae Pettie, Program/Project Coordinator
Moana Hanawahine-Yamamoto, Administrative Assistant
James Osti, Grant Writer

Mary Ellen Britt, R.N., Quality Improvement Coordinator
Trish Beckwith, Field Representative
Eddie Tajima, Recording Secretary
Jane Shunney, Assistant to Chief Health Officer

PUBLIC ATTENDANCE

Jo Ellen Hannom, Clark County Fire Department
Rick Wilbur, Mercy Air
Natalie Seaber, Mountain View
JoAnn Lujan, WestCare
J. Hendriksen, SVHMC
Roy Carroll, American Medical Response
Gerry Hart, American Medical Response

Cheryl Newman, R.N., Med Flight Air
Paul Valencia, Mercy Air
Nancy Harland, Sunrise
Syd Selitzky, Henderson Fire Department
Kathy Sneed, St. Rose
Judith Hendriksen, R.N., Spring Valley Hospital

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:35 p.m. on Wednesday, May 5, 2004. The meeting was called to order by Chairman Jeff Davidson, M.D. He stated that 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.

I. CONSENT AGENDA

Dr. Davidson stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval. A motion for Board approval of the following items on the Consent Agenda was made, seconded, and carried unanimously.

- A. Minutes Medical Advisory Board Meeting April 7, 2004
- B. Approval of Revisions to Emergency Medical Dispatch Card #29

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Procedure/Protocol Committee Report – David Watson, M.D.

- 1. Discussion of Revisions to Legal 2000 Divert Protocol to Include Mental Health Patients on Voluntary Hold

Dr. Watson reported that after a lengthy discussion, it was decided to leave the Legal 2000 Protocol unchanged. It was felt that including patients on voluntary hold would complicate the protocol.

- 2. Discussion of Pediatric Destination Protocol

Dr. Heck reported that after meeting with Dr. Zbiegien and Dr. Satkowiak, it was determined that the definition of a pediatric patient would remain as a patient less than 12 years of age, which is the definition in the current protocol. In order to qualify as a pediatric receiving facility, an in-patient pediatric unit would be required. Dr. Heck clarified that this was not the same as a pediatric ED. Currently, UMC, Sunrise, St. Rose Siena and Summerlin would be the only pediatric receiving facilities for patients less than 12 years of age. The exception to the protocol would be if a paramedic felt that the pediatric patient's life was endangered, transport to the closest facility would be acceptable. It was felt that patient care in an ED with a board certified emergency medical physician and support staff could provide better care than 15 to 20 minutes in the back of an ambulance with one paramedic attending them. Dr. Heck advised that a draft protocol will be presented at the next Procedure/Protocol Committee.

Dr. Vanduzer commented that his surgery department is adamant that patients under 12 years of age are considered pediatrics and therefore the staff is unable to talk to or treat them. Dr. Heck noted that the two facilities with pediatric emergency departments consider anybody less than 18 as a pediatric patient. Dr. Davidson and Dr. Lungo added that the ages were 17 and under at Valley and less than 17 at UMC. Dr. Heck indicated that to avoid confusion with all the varying ages in all the different protocols, a patient less than 12 years of age would be used as a defining line. Dr. Homansky commented that although defining by age was reasonable, weight would be a better indicator.

Dr. Heck asked if there were any concerns with the draft as stated. If not, he will return with a protocol for approval. Dr. Daitch commented that this draft was a big improvement over the previous one and allowing paramedics to determine the receiving facility, based on patient condition, was a good decision.

B. Education Committee Report – Frank Pape, D.O.

1. Discussion of Draft Revisions to EMT-P Training Procedure

Dr. Pape commented that a work group was formed to draft revisions to the EMT-P training procedures and that they would be reported back to the MAB as soon as they were available.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Facilities Advisory Board Report – Sam Kaufman

Sam Kaufman reported that the Facilities Advisory Board had not met since the last MAB meeting and therefore had nothing to report.

B. E.D. Nurse Managers Report – Kathy Kopka, R.N.

Kathy Kopka reported that ED closure seemed to be going well at the hospitals that were represented in their meeting. There was considerable discussion over color-coding and whose responsibility it was. The trauma destination protocol was discussed and everyone was happy that it was changed back to the original guidelines. Referring back to the color-coding, Dr. Davidson noted that a couple nurse managers asked that the responsibility be placed in their hands. Rory Chetelat added that unless there was any opposition, the advisory update changes would be transferred from EMS to the nurse managers.

Dr. Davidson asked if there was any interest in tracking the facilities and their corresponding codes for statistical purposes. Rory responded that it was discussed in the meeting and the ability to track the numbers was available. Dr. Reisch inquired if changes to the system were possible. Rory replied that since the system was turned over to the state, there's greater reluctance to make any changes to it. Rory commented that although he did not have all the figures to track ED statistics, there was a lack of a huge impact in drop times. However, the system is running smoother and the minor decline in drop times was anticipated. Rory added that as soon as all the numbers are compiled, the report will be sent electronically.

Dr. Davidson asked if the situation was better since the Emergency Departments went to no closure. Gerry Hart, AMR, responded that things were much smoother and Tim Crowley, Las Vegas Fire & Rescue, reported that complaints from field crew have dropped to nearly zero. Dr. Davidson asked Dr. Heck to provide an update on the trauma protocol. Dr. Heck related that on April 1, the trauma destination criteria was revised to reflect, verbatim, what was in the Nevada Annotated Code. Unfortunately, one criteria stated that any motor vehicle collision that occurred at greater than 20 miles per hour would require transport to a designated trauma center. The result was an inundation of low speed motor vehicle collision patients at the Trauma Center. The Health District requested a variance from the State Board of Health to lower the speed back to the original 40 miles per hour. The variance was granted and the appropriate entities were advised of the change by the Health District. Dr. Fildes noted that changing the criteria back to 40 mph has been positive.

C. QI Committee Report – David Slattery, M.D.

No report.

D. Update on Community Triage Center – JoAnn Lujan

JoAnn Lujan stated that although the report was incomplete, she would provide an update. She noted that 20% of her patient population is African-American, 70% is Caucasian and mixed decent and 7% is Hispanic. The percentage of Hispanic patients is low relative to the percentage of Hispanics living in the community. As a result, an outreach program is being developed to target the Hispanic community. There were 481 diverts last month, of which 18 were hospital referrals.

E. E.D Divert Statistics

There was no update for ED Divert Statistics. Dr. Davidson asked Dr. Heck to provide an update for the Critical Care Transport Curriculum. Dr. Heck stated that he, Dr. Davidson and Dr. Marino tried to use an evidence-based approach in defining what the curriculum should be. With virtually no dissension, a consensus was reached and an outlined curriculum will be presented to the Education Committee next month for review and approval. Dr. Davidson added that much was accomplished in the meeting.

IV. **PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

Debbie Pavlica, Manager of Pediatric Nurses at St. Rose Dominican's Sienna Campus, reported that Sienna currently provides eight hours of coverage in the Pediatrics ER as well as 6 pediatric ICU beds. The staff is comprised of veteran specialists and nurses drawn from various facilities. Debbie noted the program is working great and that staff is there 24/7 to provide care for children.

In light of a recent incident at Sunrise, Kathy Kopka asked that EMS personnel verify whether they are arriving via air or ground transport.

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 4:05 p.m.