

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

MEMBERS PRESENT

Jeff Davidson, M.D., Chairman, Valley Hospital
Chief Steve Hanson, Clark County Fire Department
E. P. Homansky, M.D., ED Physician at Large
Kevin Slaughter, D.O., Spring Valley Hospital
David Daitch, D.O., Boulder City Hospital
William Z. Harrington, M.D., UMC
Donald Reisch, M.D., Desert Springs Hospital
Michael Zbiegien, M.D., Pediatric Representative
Donald Kwalick, M.D., Chief Health Officer, CCHD
David L. Watson, M.D., Sunrise Hospital
Chief David Petersen, Mesquite Fire & Rescue

Darrin Houston, D.O., Mesa View Regional Hospital
Allen Marino, M.D., St. Rose Dominican/Siena
John J. Fildes, M.D., University Medical Center
Chief Randy Howell, Henderson Fire Department
William Elsaesser, M.D., North Vista Hospital
Sam Kaufman, FAB Representative
Wade Sears, M.D., Mountain View Hospital
Pam Turner, R.N., Nurse Manager
Frank Pape, D.O., Summerlin Hospital
Pete Carlo, EMT-P, Southwest Ambulance

ALTERNATES

Jay Craddock, EMT-P, North Las Vegas Fire Department
Gerry Hart, American Medical Response

Sandy Young, R.N., Las Vegas Fire & Rescue

MEMBERS ABSENT

Kurt Williams, American Medical Response
Philis Beilfuss, R.N., North Las Vegas Fire Department
John Henner, D.O., Southern Hills Hospital
David Rosin, M.D., Mental Health Representative

Richard Henderson, M.D., St. Rose Dominican/Rose de Lima
Chief Mike Myers, Las Vegas Fire & Rescue
Jon Kingma, EMT-P, Boulder City Fire Department

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Trish Beckwith, Field Representative
Eddie Tajima, Administrative Assistant

Mary Ellen Britt, R.N., Quality Improvement Coordinator
Moana Hanawahine-Yamamoto, Recording Secretary
Joseph J. Heck, D.O., Operational Medical Director

PUBLIC ATTENDANCE

Bruce Evans, Henderson Fire Department
Natalie Seaber, R.N., Mountain View Hospital
Jo Ellen Hannom, R.N., Clark County Fire Department
Tim Wilcox, R.N., Sunrise Hospital
Julian Genilla, EMT-P, Southwest Ambulance
Davette Shea, R.N., Southern Hills Hospital
Patty Glavan, R.N., Boulder City Hospital

Sydney Selitzky, EMT-P, Henderson Fire Department
Russ Cameron, EMT-P, Clark County Fire Department
Brian Rogers, EMT-P, Southwest Ambulance
Margaret Russitano, Sunrise Hospital
Cheryl Limer, EMT-P, Community College of So. Nevada
Gregg Fusto, R.N., University Medical Center
Nancy Harpin, R.N., University Medical Center

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:34 p.m. on Wednesday, November 3, 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

A. Minutes Medical Advisory Board Meeting October 6, 2004

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 minutes as written was made, seconded, and carried unanimously.

B. Removal of the Pediatric Sexual Assault in the Pediatric Patient Destination Protocol

A motion for Board approval to remove the Pediatric Sexual Assault in the Pediatric Patient Destination Protocol was made, seconded and carried unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Education Committee-Report from Focus Group on 2002 EMS Instructor Course Curriculum

Bruce Evans reported the revisions made to the draft proposal. If a primary EMS instructor certified at the intermediate level attained paramedic certification, the EMS instructor would remain a primary instructor at the intermediate level and would be a secondary instructor at the paramedic level. The EMS instructor would build his/her portfolio and apply for a primary EMS instructor at the paramedic level after at least two years of paramedic experience. The EMS RN under entry requirements was changed to an RN because there is no standardized curriculum for EMS RNs at this time. The Health District will be responsible to handle recertification for EMS instructors therefore, it was changed to be in a seminar/classroom setting or web-based format. Finally, the hours under the EMS instructor course delivery was changed from 40 to 60 hours to reflect the current Department of Transportation curriculum.

Randy Howell voiced his concern and requested that this item be tabled until next month. He will be holding a meeting to discuss the impact of this proposal on the respective provider agencies. Sandy Young agreed that the issues regarding continuing education and bridge courses will have a fiscal impact therefore further discussion is needed. Dr. Jeff Davidson stated this proposal would be tabled until next month and brought back to the committee after all of the concerns have been addressed.

B. Procedure/Protocol Committee Report

1. Revision to the General Patient Care Treatment Protocol to Include Sexual Assault Patients

Dr. David Watson stated that the revision included some minor changes. Pediatric sexual assault patients who are less than 13 years of age will be transported to Sunrise Hospital. Pediatric sexual assault patients who are 13 years of age but less than 18 years of age may be transported to Sunrise or University Medical Center (UMC) and pediatric sexual assault patients who are 18 years of age and older will be transported to UMC.

Dr. Watson made a motion to approve the revision to the General Patient Care Treatment Protocol to include Sexual Assault Patients. The motion was seconded and passed unanimously by the Board.

2. Mental Health/Legal 2000 Patient Transports

Dr. David Watson explained that a 30-day trial operations protocol was approved by the committee. There are two main components to the Legal 2000 patient transport guidelines involving the hospitals and transport agencies. It is important that the hospitals update the EMS system when they have a Legal 2000 patient. For EMS providers, these patients are defined as those who have a Legal 2000 form initiated in the field by an authorized person and those who present to EMS personnel with suicidal ideation without a medical or traumatic component and have no hospital destination preference. It is

also critical for each hospital to consistently update the count of Legal 2000 patients on the EMSsystem as it changes within the hospital. Dr. Watson phrased the transport agencies component as EMS providers will determine via real time data the appropriate facility for transport in order to level-load the system by transporting mental health patients, as defined above, to the closest hospital with the lowest number of Legal 2000 patients recorded on the EMSsystem. If the mental health patient's condition is unstable or deteriorates then the transport agency may transport the patient to the closest facility because they have now become a medical patient.

Rory Chetelat explained that the Clark County Health District's legal staff advised that the earlier definition of Legal 2000 patients that included depression would not stand and needed to be revised. Dr. William Harrington was concerned with the verbiage of no hospital destination preference in the definition because this could lead to paramedics suggesting specific destinations to patients thus creating a disproportion. Dr. Joseph Heck advised that it would be the EMS office's responsibility to track the data on the EMSsystem and identify deviations of two or more. At that time, the transport agencies as well as the hospitals would be contacted and any necessary measures to correct the problem would be taken.

Randy Howell was concerned with the suggested revisions to this operations protocol because it is adding more patients into the definition by including suicidal ideations and regions have been removed therefore increasing transport times. Sandy Young explained that the committee was aware that there might be times when the EMS providers will need to offload within their regions because of a fire or other incident. Dr. Allen Marino mentioned that he was present at the earlier FAB meeting and there was an understanding that this protocol would not be a hard pressed rotation.

Dr. Jeff Davidson reiterated how important it is for the hospitals to update their count of legal holds on the EMSsystem and for the EMS providers to call dispatch to get a real time count of Legal 2000 patients for this operations protocol to work and level-load the system.

Dr. Michael Zbiegien asked that pediatric psychiatric patients be included in the count on the EMSsystem. Dr. Heck stated that the pediatric destination protocol requires pediatric psychiatric patients to be transported to one of the designated pediatric facilities. He also clarified that UMC and Sunrise have separate pediatric emergency departments therefore their numbers would be reported separately as opposed to Summerlin and St. Rose-Siena who would be reporting an aggregate count. Dr. Frank Pape suggested that Summerlin's number of pediatric psychiatric patients be noted in the comment section on the EMSsystem. This would be the only way to fairly level-load the pediatric psychiatric patients. Mr. Chetelat reiterated that Summerlin and St. Rose-Siena would report the total number of adult and pediatric psychiatric holds on the EMSsystem and then note the actual number of pediatric psychiatric holds in the comment section.

Dr. Watson made a motion to approve the Legal 2000 Patient Transport Guidelines as a 30-day trial with Dr. Pape's suggestion to note pediatric psychiatric holds in the comment section on the EMSsystem. The motion was seconded and passed by the Board. There were five committee members who opposed this motion.

This protocol will begin on Wednesday, November 10, 2004 at 0700 and the data from the 30-day trial will be reported back to the committee next month.

Brian Rogers suggested that the facilities hire additional personnel like security guards to watch the mental health patients while they are holding in the emergency departments. Mr. Chetelat offered to present this suggestion to the FAB.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Facilities Advisory Board Report

Sam Kaufman advised there were two areas of business in this morning's meeting, the Legal 2000 patient transport guidelines and the hospitals internal disaster procedure. The Legal 2000 issue was already discussed therefore he deferred to Rory Chetelat to explain the hospitals internal disaster procedure.

Mr. Chetelat explained that this is an unofficial procedure guideline where hospitals and EMS providers with resource issues will help each other. Once the EMS office is contacted, an alert will be put on the EMS system to arrange a conference call where all of the key players will jointly come up with a solution.

B. E.D. Nurse Managers Report

No Report.

C. Update on Community Triage Center

No Report.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

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 4:19 p.m.