



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

PEDIATRIC DESTINATION TASKFORCE

May 6, 2009--9:30 A.M.

MEMBERS PRESENT

Michele McKee, MD, Chairman, UMC Hospital
Chief Bruce Evans, North Las Vegas Fire Dept.
Nancy Harpin, RN, UMC Hospital

Michael Bachman, MD, Sunrise Children's Hospital
Mark Calabrese, EMT-P, MedicWest Ambulance

MEMBERS ABSENT

Ravi Garehgrat, MD, Mountain View Hospital
Josh Heddon, Sunrise Children's Hospital

Thomas Gowan, MD, Summerlin Hospital
Allen Marino, MD, MAB Chairman

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, Regional Trauma Coordinator
Judy Tabat, Recording Secretary

Rory Chetelat, EMSTS Manager
Trish Beckwith, EMSTS Field Rep
Lan Lam, Administrative Assistant

PUBLIC ATTENDANCE

Will Wagnon, MountainView Hospital
Eric Dievendorf, EMT-P, AMR
Sandy Young, RN, LVF&R
Dan Petcavage, UMC Hospital
Cindi Gorham, Summerlin Hospital
Susan Crowder, RN, MountainView Hospital
Jennifer Renner, HCA

Larry Johnson, EMT-P, MedicWest Ambulance
Patricia Hatcher, RN, Spring Valley Hospital
Debbie Pavlica, RN, St. Rose Siena Hospital
Troy Tuke, RN, CCFD
Kristine Bruning, RN, Summerlin Hospital
Lorelie O'Campo, RN, St. Rose Siena
Brian Rogers, EMT-P, Henderson Fire Dept.

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Pediatric Destination Taskforce convened in the Clemens Conference Room at the Ravenholt Public Health Center at 9:46 a.m. on Wednesday, May 6, 2009. The meeting was called to order by Chairman Michele McKee. She 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 McKee noted that a quorum was present.

I. CONSENT AGENDA

Chairman McKee stated the Consent Agenda consisted of matters to be considered by the Pediatric Destination Taskforce that can be enacted by one motion. Any item may be discussed separately per Taskforce member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes Pediatric Destination Taskforce Meeting February 4, 2009

Dr. McKee asked for a motion to approve the minutes of the February 4, 2009 Pediatric Destination Taskforce meeting. A motion to accept the minutes was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review Tiered System Using SEDP, EDAP and PCCC Designations

Dr. McKee started off the discussion by stating the objective was to streamline the pediatric facilities so that field providers would know what type of capability each location had and make it a tiered type of destination protocol. She noted that she emailed a list of five questions to each facility to address their specific pediatric capabilities, but only received a response from Summerlin Hospital. Dr. Bachman suggested that each facility answer the five questions at that time:

1. Is there a Pediatric Emergency Medicine (BC/BE) physician available and if yes, at what hours/days of the week? Please include if the physician is in-house at all times or if there is call from home with a well delineated response time.
2. Is there a Pediatric Critical Care (BC/BE) physician available and if yes, at what hours/days of the week? Please include if the physician is in-house at all times or if there is call from home with a well delineated response time.
3. What support for these physicians is available in terms of nursing ancillary support and supplies?
4. What Pediatric subspecialists are available for emergent in-house consultation?
5. Please specify what surgical availability there is for pediatric trauma and whether or not is it a pediatric surgeon or a general/trauma surgeon who agrees to take pediatric patients. Please also specify if there is an age cut-off for pediatric vs. general surgery.

There was considerable discussion regarding the definitions of an EDAP vs. SEDP. Dr. McKee suggested that each facility submit their information in writing so that no mistakes are made. She added that the objective is not to disallow transports to certain facilities but to provide the appropriate care when the pediatric patient arrives.

Dr. Heck recommended that a spreadsheet be created requesting exactly what information is needed. This way, everybody will have the same definitions and submit the data in the same format.

Dr. Heck stated that it may be hard to define the designations until it is known what the capabilities are. He felt we needed to define what the standard of care is within our community and once we see what the data is we can draw the lines based on the identified capabilities.

Dr. McKee stated that she will create the template and we will go from there to try and streamline it to help with the categorizations. Basically create the template, collect the data, and create a model that works for us that goes off of the Illinois template.

Chief Evans stated that as world renown as the city of Las Vegas is, we should ensure the definitions of care specialties also reflect the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) definitions. Dr. McKee asked Chief Evans if he was referring to physicians being boarded, board certified or board eligible in those specific specialties. Chief Evans answered in the affirmative.

Dr. Heck stated he would also like to see a section on the spreadsheet referring to the physical plant of the facility; whether there is a separate pediatric ED, PICU or NICU along with the personnel side of who staffs it, percentage

of coverage time and whether they are board certified, etc. He felt it is important to look at the discharge planning side with regard to the pediatric social workers and case managers. If we are going to look at what is going to be a tertiary pediatric facility, it has to be from the time you enter until the time you exit. He added that the most difficult piece is going to be how it impacts EMS; to identify who is going where, when and why.

Ms. Harpin suggested adding the credentialing of the nursing care on the spreadsheet; their certifications, experience, and the number of beds dedicated to pediatric patients.

Dr. McKee stated she would like the facilities to respond to the initial template within two weeks, including submission of data related to each facility's pediatric capabilities. That would give her enough time to tabulate the data to prepare for further discussion at the next meeting.

Dr. Heck suggested a more forceful approach; if the data is not received within two weeks, the facility will no longer be considered as a pediatric facility due to a demonstrated lack of interest in providing the appropriate level of service.

Chief Evans suggested sampling five other communities that are equal in size, and researching their pediatric destination requirements as it relates to EMS to give us a point of reference in best practices. Dr. Heck agreed it would be helpful to see how different systems utilize a tiered pediatric hospital designation. He asked John Hammond, SNHD's EMS Field Representative, to collect the data for the next meeting.

B. Review Each Facility's Capability to Formulate Triage (Ex. Burn, Sexual Assault)

Tabled

C. Review PEM, PCC and Pedi Ancillary Staffing

Tabled

D. Review Pediatric Subspecialty Call/Availability Including Trauma

Dr. McKee noted that the taskforce could not proceed any further without the data. She asked for recommendations regarding ancillary issues to consider for the template.

Ms. Harpin suggested including response times, e.g. an in-house Intensivist vs. a 30-minute arrival time for a specialist.

Dr. Bachman questioned if they will need to break down sexual assaults by age group. Dr. McKee replied that we will expect relatively detailed information to be given.

Dr. McKee stated the taskforce is comprised primarily of physicians from each facility, representation from Nursing, EMS (private and fire agencies) and the MAB. Mr. Chetelat stated that the composition of the taskforce is noted on page two of February's meeting minutes. Dr. Bachman recommended that nursing leadership and physician leadership from each facility would be appropriate. Ms. Harpin stated that the nursing leadership would consist of herself, Josh Heddon, Debbie Pavlick, Kristine Bruning and Susan Crowder.

Dr. McKee suggested the taskforce meet a minimum of every two months, off cycle from the MAB meetings.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Dr. McKee called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 10:16 a.m