

**MINUTES**

**EMERGENCY MEDICAL SERVICES**

**PRIORITY DISPATCH TASK FORCE**

**October 5, 2005--2:45 P.M.**

**MEMBERS PRESENT**

Lawrence Pellegrini, D.O., Chairman  
David Nehrbus, AMR  
Russ Cameron, EMT-P, CCFD  
Scott Vivier, EMT-P, HFD  
Don Hales, EMT-P, MWA

Jon Kingma, BCFD  
Philis Beilfuss, R.N., NLVFD (Alternate)  
Sandy Young, R.N., LVFR  
Trent Jenkins, EMT-P, CCFD

**MEMBERS ABSENT**

Jay Craddock, EMT-P, NLVFD

**CCHD STAFF PRESENT**

Joseph Heck, D.O. Operational Medical Director  
Mary Ellen Britt, R.N., QI Coordinator  
Moana Hanawahine-Yamamoto, Admin Assist.

Rory Chetelat, EMS Manager  
Trish Beckwith, Field Rep  
Judy Tabat, Recording Secretary

**PUBLIC ATTENDANCE**

Randy Howell, HFD  
John Higley, MFR  
Steve Herrin, LVFR  
Jo Ellen Hannom, R.N., CCFD  
Aaron Harvey, HFD  
Kathleen Hawk, LVFR

Derek Cox, AMR  
Steve Patraw, MWA  
Brian Rogers, MWA  
Allen Marino, M.D., MWA  
Mike Myers, LVFR  
J.L. Netski, AMR

**I. CONSENT AGENDA**

The Priority Dispatch Task Force convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, October 5, 2005. Chairman Lawrence Pellegrini, D.O., called the meeting to order at 2:52 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Pellegrini noted that a quorum was present.

*Minutes Priority Dispatch Task Force Meeting September 7, 2005*

Dr. Pellegrini asked for approval of the minutes of the September 7, 2005 meeting. A motion was made, seconded and passed to approve the minutes as written.

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

### Activation of Card # 33 and Determination of Acuity Levels I-III

Dr. Pellegrini stated that the consensus from the last meeting was to activate card 33 but it did require further discussion and to get more information on acuity levels.

Rory Chetelat stated from a Health Districts perspective we were not comfortable with the addition of a psychiatric social worker or mental health professional under key question 1 being able to do a medical evaluation. He also added that he has had a discussion with Dr. Jonna Triggs from SNAMHS and she felt that it would not be difficult to have that evaluation done by a nurse or physician. Dr. Heck agreed adding that a psychiatric social worker or a psychologist are not considered medical professionals and that would not be the intent of the card. Dr. Pellegrini asked if a physician or nurse with SNAHMS has any obligation to do an evaluation before they transfer a patient. Mr. Chetelat stated that they do not but they are willing to do so. Dr. Pellegrini asked if all were in favor of reverting key question 1 back to the original form and all were in agreement.

Russ Cameron handed out information on a system that Austin Texas uses that breaks acuity levels down into their own classifications to better assist them in filtering calls and ensuring that all calls are properly classified in their system. He felt this was a good example of how you can use the sub determinates and classify the acuity levels to get a better idea of what's being transported interfacility, emergency and non emergency to get the best level of care. This system has had a positive impact on call volume and he felt we should sit down as a working group to consider types of criteria in putting this card together.

Scott Vivier stated that Charlie 6 is the second most common call they run and he felt this is one part where the 33 card does not work. If at any time the dispatch is taking a call and they request a code 3 it is automatically coded a 33-C-6 and a unit is sent instead of going through the key questions where it might be coded as a 33-A-1. The way the franchise agreement reads is if they request an emergency response by law they have to transfer that to us because Henderson Fire is an emergency provider which puts an enormous burden on us as the government supported 911 agency to respond to an interfacility transport.

Dr. Heck asked if this card was to only be used on 7 digits calls to the private agencies or will the Fire Department respond to a 911 call that gets classified as a 33-A-1. Ms. Young responded that it was their position that they were not going to respond and give 33 A's to the private providers. Dr. Heck's recommendation was to remove 33-C-6 because there should be a subjective request for an emergency response either you meet the criteria to have an emergency response or you don't but felt that this needs to be sent through the Operation Committee of the Fire department for their approval before we remove 33-C-6.

Brian Rogers felt that the physician offices and quick cares will find a way to work around it. Mr. Vivier stated that without the 33-C-6 they will need to ask the key questions and then the key questions will determine the response which will be more consistent with the other cards. Dr. Heck added that the intent then to be compliant with the system is to define acuity levels that will fall under the alpha category.

Dr. Heck questioned the psychiatric evaluation without other medical component under the acuity level and how it differs from Medical Evaluations of L2K holds. Sandy Young explained that this is a medical patient needing a psych evaluation due to changes in their level of consciousness. Dr. Heck stated that a change in mental status does not necessarily mean they are

a psych patient and has nothing organic going on and it should result in a Charlie response and felt that this listed condition should be removed.

Ms. Young also suggested that Failure to Thrive needed to be deleted because it was difficult to determine or assess.

A motion was made by Sandy Young to transfer this to the Fire Service Board of Directors for their approval with the recommendation of implementing Card 33 with the addition of Urgent Care and Psychiatric Facilities on the definition and to make all the alpha levels private provider responses only and deleting 33-C-6. Striking Failure to Thrive and Psychiatric Evaluation without other medical component under Acuity Levels I, II, III. The motion was seconded by Russ Cameron.

Mr. Cameron asked the committee if it was possible to get data from the ambulance companies based on the changes made. David Nehrbus stated that he did one weeks worth of review based on card 33 as it sat now without the changes and the increase in the Fire Department dual response was significant. Philis Beilfuss asked what it would be with the deletion of C6. Mr. Nehrbus stated that removing that ability and just doing it based on the acuity levels is going to significantly change the number of times the fire department responds but he could get a new sampling of a weeks worth of data and see what the numbers show.

Mr. Cameron expressed concern over the abdominal pain card stating that the response comes out as an alpha and we're sending ILS level units and sometimes these patients are candidates for pain medication. Ms. Young added that if we implement the sub determinates that would address that problem.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

None

**IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

No response.

**V. ADJOURNMENT**

There being no further business, Dr. Pellegrini adjourned the meeting at 3:35 p.m.