



CORRECTED MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

TRANSFER OF CARE COMMITTEE

September 16, 2008 – 1:00 P.M.

MEMBERS PRESENT

Chief Randy Howell, Chairman
Larry Johnson, EMT-P, MWA (Alt)
Sheila Mussotter, Mesa View Hospital
Amy Bochenek, Centennial Hills Hospital
James Holtz, RN, Valley Hospital
Michelle Dimoff, Summerlin Hospital
J.D. Melchiodi, MountainView Hospital
Jackie Levy, University Medical Center

Andre Pastian, Boulder City Hospital
Chief Mike Myers, LVF&R
Marla Kiff, Desert Springs Hospital (Alt)
Fred Neujahr, RN, Sunrise Hospital
Joyce Faltys, Spring Valley Hospital (Alt)
Karla Perez, UHS
Mary Ann Dube, St. Rose Siena

MEMBERS ABSENT

Roy Carroll, AMR-Las Vegas
Chief Kevin Nicholson, BCFD
Troy Tuke, EMT-P, CCFD
Jennifer Poyer, RN, Desert Springs Hospital
John Higley, Mesquite Fire & Rescue
Virginia DeLeon, St. Rose de Lima

Julie Siemers, Mercy Air Services
Chad Henry, EMT-P, MWA
David Embly, North Vista Hospital
Gigi Pusateri, Southern Hills Hospital
Bruce Evans, NLVFD
Catherine Ryan, St. Rose San Martin

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Mary Ellen Britt, Regional Trauma Coordinator

Joseph J. Heck, D.O., Operational Medical Dir.
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Mike Teague, AMR-Las Vegas
Vickie Wright, Nevada Hospital Association
Dale Carrison, DO, Clark County Fire Department
E. P. Homansky, MD, American Medical Response
Ken Taylor, EMT-P, LVF&R
Lisa Ponce, EMT-P, AMR

Brian Rogers, EMT-P, HFD
Terri Vargo, Sunrise Children's Hospital
Jennifer Renner, HCA
Jeff Johnston, Sunrise Hospital
Jennifer Adams, EMT-P, AMR
Susan Crowder, Mountain Vista Hospital

I. CONSENT AGENDA

The Transfer of Care (TOC) Committee convened in the Clemens Room of the Ravenholt Public Health Center on Tuesday, September 16, 2008. Chairman Howell called the meeting to order at 1:08 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mr. Howell noted that a quorum was present.

Minutes TOC Committee Meeting June 25, 2008

A motion for Committee approval of the minutes as written was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Continuation of the TOC Software

Chief Howell started off the discussion by stating that the Health District had contacted Commerx, the company that bought Roam IT, to inquire about the costs for maintaining the TOC software. Rory Chetelat related that the quote included a one-time \$3,250 fee for the set up of the server, and an additional \$3,250 per month for hosting and maintaining the TOC application. The fees, which we have never incurred in the past, would be retroactive as of June 1, 2008. The responsibility would be shared between 15 hospitals and 8 EMS agencies. He stated that Commerx has contacted him several times and he is unsure how much longer we can keep them on hold before the decision is made to shut down the TOC software.

Chief Howell suggested a second option, FirstWatch, who currently utilizes the CAD system to track bio-surveillance issues. He stated that Todd Stout, President of FirstWatch, sent him an email describing 2 approaches. One would be a stand alone, internet based solution similar to the one in use now. The second approach would be to maintain the functionality of the first but integrate it with the CAD data to allow the auto-population of many of the existing fields. Chief Howell stated that utilizing the second approach would help solve the problem of patients not being logged in because all calls with the exception of Boulder City Fire and Mesquite Fire go through the CAD system. In speaking with Don Hales, there is a third option of looking at an internet service provider to build a website utilizing FirstWatch for the integration of data.

Chief Myers opposed the idea of spending money to develop anything new, especially with the recurring trust issues related to the input of data. Arrival times are captured by the CAD system, and the fire department crews started utilizing a button labeled "delayed available" that they push as soon as a patient is transferred, which allows them to stock and clean their rig, and drive back to their area of response, at which time they push a button indicating they are now available.

Mr. Chetelat reported that the TOC Summary depicts a consistent average transfer time of 18-19 minutes. AMR and MWA transport 85-90% of all patients and according to their average hospital off load time report, they show an average transfer time of 36-38 minutes on a consistent basis. A fourth option would be to utilize the information from AMR and MWA's CAD system and decide on what credit to give the hospitals for the difference in time between the hospital start and stop to the wheels start and stop.

Chief Myers noted that FirstWatch has been utilized for a decade and they have been overwhelmingly successful on almost every project.

Mr. Neujahr expressed concern over the 20 minute difference between wheel to wheel and the in hospital time and how to report that everybody's time is suddenly 20 minutes longer.

Ms. Perez felt that simple is the best way to go with a system that works and the data can be validated. She voiced two hesitations; one is that this is not what the regulation says we're supposed to be measuring so a regulation change would have to be proposed in order to change this methodology. The second concern was they haven't always been on the same side of the table and her fear is if they change the methodology, they may go back to finger pointing again because an opportunity to criticize the data has been created. She added going back to look at legislation, show a track record of improvement and make the tracking go away if that is a possibility.

Dr. Heck stated that the possibility of that is going to be based on the appetite of the group since it was this group that came and asked for the law. He suggested modifying the language to make the tracking piece optional at the discretion of the local EMS Authority so if something happens down the road where you think you need to mandate it again, give the authority to the EMS Regulatory Authority to mandate it in statute.

Mr. Chetelat reported that FirstWatch quoted a price of \$30,000 for startup and the first year of maintenance and \$6,600 the second year of maintenance compared to \$42,250 the first year for Commerx.

Chief Howell reminded the committee that the time frame for speaking to the legislature is about 3 or 4 months away and was unsure if Commerx would hold off that long. He added that the law needs to be reviewed and to continue to collect the data until the law can be changed or modified.

Mr. Chetelat questioned if a letter should be sent to the chair of that committee to explain the situation and ask for some alternatives on the short term if Commerx turns off the TOC software.

Dr. Heck stated that it should be a letter stating there has been technical difficulties and include a corrective action plan on how to solve it.

Ms. Perez questioned whether the law can put something in place that has fiscal responsibilities without a fiscal note attached to it? Mr. Chetelat explained that the law did have a fiscal note attached and the language implied that if there were additional costs it would be shared by everyone.

Chief Howell felt that since Las Vegas Fire & Rescue is in the middle of negotiating the FirstWatch contract this is probably the time to be talking to them about getting the price down.

Chief Myers suggested continuing to research Commerx and FirstWatch and to let Commerx run the distance until they shut it off. He explained the issue is not starting the clock because the CAD's are that sophisticated, the issue is when to stop the clock for the wait time. The AMR and MWA data is consistent with the TOC data with only a 20 minute difference to use in the interim with the willingness to trust the data when it comes.

Mr. Neujahr suggested staying with Commerx until they turn the TOC software off and hope it lasts the 4 or 5 months, then go to the legislature as a group to say the problem as been identified and recommend making the tracking piece optional at the discretion of the EMS Regulatory Authority.

Chief Howell voiced concern based on conversations with Commerx that if there was a lapse of not providing data it would be looked at negatively by the legislature because the expectation is to put the data collection system in place and follow through. He felt that if Commerx shut down the TOC software it would be an emergency situation and a need to find another system and then a letter could be sent stating we went from paying no monthly fee to a substantial fee and as providers we are not prepared.

Mr. Rogers was concerned because the CAD numbers were submitted to the Assembly before showing the system was doing much better and Sheila Leslie stated that a law was written and it needs to be followed before they will get rid of it.

After a brief discussion it was decided that Mr. Chetelat will see how long he can extend Commerx. He will look to see if there is a possibility for grant money to extend Commerx but felt that negotiations need to be opened for a better price with FirstWatch. He added he will write a letter to the chairman of the committee advising them of the situation and ask to revisit this when the legislature is back in session.

Chief Myers agreed to chair a workgroup to look at alternatives for another way to gather the data. Chief Howell asked the committee if they want to participate in that workgroup which will be through the NHA TOC Adhoc Committee, to meet with Chief Myers after the meeting.

Chief Howell stated that it was suggested to put together another workgroup for the legislature. Mr. Chetelat stated that they need to move forward with Commerx and FirstWatch first but will put it as a subcommittee of this committee.

B. Review of Transfer of Care Data

Chief Howell stated overall, for the last 6 months we have been running very consistent with the percentage of time patients have been transferred within 30 minutes. Our call volume has changed, which is either an increase call volume or better compliance. For the last 3 month it's been pretty consistent as far as the number of patients that have been checked into the system. He added that these are all positive indicators of how we're doing as a system.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Mr. Howell called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 1:52 p.m.