

MINUTES

EMERGENCY MEDICAL SERVICES

DIVERT TASK FORCE

December 3, 2003--2:30 P.M.

MEMBERS PRESENT

Jeff Davidson, M.D., Chairman
William Harrington, M.D. (UMC)
Scott Rolfe, R.N. (Spring Valley Hospital)
Div. Chief Randy Howell, EMT-P (HFD)
Natalie Seaber, R.N. (Mtn. View Hospital)

Richard Henderson, M.D. (St. Rose)
Brian Rogers, EMT-P (SWA)
Sandy Young, R.N. (LVFR)
Steve Kramer, EMT-P (AMR)

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Joseph Heck, D.O.
Jennifer Carter, Senior Admin. Asst.
Jane Shunney, R.N.

David Slattery, M.D.
Mary Ellen Britt, R.N.
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Natalie Seaber, R.N.
Pam Turner, R.N.
Scott Vivier, EMT-P
Roy Carroll
Tony Greenway
Jay Craddock, EMT-P
Kathy Kopka, R.N.

Jackie Mador, R.N.
Steve Patraw, EMT-P
Davette Shea, R.N.
Matt Netski, R.N.
Ed Matteson, EMT-P
Phillis Beilfuss, R.N.
Scott Johnson, EMT-P

I. CONSENT AGENDA

The Divert Task Force convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, December 3, 2003. Chairman Jeff Davidson, M.D., called the meeting to order at 2:43 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Davidson noted that a quorum was present.

Minutes Divert Task Force Meeting October 1, 2003

Dr. Davidson asked for approval of the minutes of the October 1, 2003 meeting. A motion was made, seconded and passed to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Patient Transfer to Receiving Facility Pilot Operations Protocol

Rory reported that AMR and SWA submitted their drop times for the past month. He brought SWA's statistics, but misplaced AMR's statistics and would give that report at a future meeting. He stated there was very minimal improvement in drop times since the inception of the draft operations protocol. Rory recommended we continue with the draft protocol, gather additional data, and report back to the MAB. He stated there were only a handful of patients that had been dropped in accordance with the draft protocol. The reports were reviewed, and no negative patient outcomes were reported. Rory stated that of the 30 forms submitted, only 3-4 patients truly met the draft protocol criteria. In the majority of cases, it was reported that the patient was assigned by a triage nurse, or taken to the waiting room following mutual consent by the triage nurse and EMS provider.

Kathy Kopka stated that Sunrise is collecting data on patients that are placed in their waiting room. She stated the process has been working well. There was an incident that occurred where a patient that met the criteria was placed in the waiting room and later found to have other physical considerations that were overlooked. However, it was identified early on and there was no bad outcome.

Brian Rogers asked for comments on whether the EMSsystem's notification system is beneficial to the nurses. He stated that Southwest Ambulance has gone through the expense of hiring two additional full-time employees to facilitate the process, so if it is not being utilized it could be discontinued. Everyone was in agreement the notification system is important for overall operations. Sandy reported that LVFR will be using the notification system instead of telemetry by early January 2004.

The committee discussed possible solutions to operational problems encountered with the notification system, i.e. accuracy of reporting using the color coding system. Dr. Henderson suggested implementing a mechanism to automatically revert back to "green" status every thirty minutes, and allow the provider agency to change it to another color if necessary. Rory stated he would inquire about the capability of the current system, and asked for a cooperative effort by the provider agencies and facilities. Pam stated that the system may not be working properly. She gave an example where the notification system has shown her hospital on "black" status when in fact it should have shown a "green" status. They were told by AMR that the system was somehow changing the status on its own, that no one was manually changing it. Another issue raised was where the system automatically clears everything out and displays an "update system" message. Pam stated that it's hard to put your trust in a system with apparent flaws. Rory stated there is a log that shows the dates and times where the system makes its own changes. He would need the time ranges to do a system check for further verification.

In an effort to eliminate the problems addressed by both the provider agencies and the hospitals, Matt Netski suggested reverting back to a gatekeeper system, where one agency is responsible for updating the EMSsystem. This would make tracking easier and increase communication, as opposed to multiple people going in simultaneously. She stated that for the past two months it has been a nightmare to calculate the open/closed statistics on a daily basis. Steve Kramer stated that AMR would have no problem taking back the gatekeeper responsibilities, as long as they were the only entity given that capability. He has no problem continuing the communication via the comments screen, but the open/closed checkbox would need to be locked out to everyone but AMR. A motion

was made by Dr. Henderson to allow AMR to be solely responsible for the open/closed notification part of EMSsystem. The effective date will be dependent upon the completion of the necessary software. The motion was seconded by Randy Howell and passed unanimously by the committee.

A second motion was made by Dr. Davidson to change the language in roman numeral II in the Patient Transfer to Receiving Facility protocol to reflect the language from the EMSsystem's data dictionary with regard to wait times using the color coding system, and to remove the language pertaining to activation of an EMS offload advisory that uses the number of ambulances waiting as a gauge. The motion was seconded and passed unanimously by the committee.

A motion was made to revise the language in roman numeral II of the draft Patient Transfer to Receiving Facility protocol to read, "A facility or transport agency may update the EMSsystem offload advisory column indicating the wait time at the facility. When any unit has been waiting for 15 minutes or more the system will be changed to yellow, when any unit is waiting more than 30 minutes the system will be changed to red, and when any unit is waiting more than 60 minutes the system will be changed to black. The transport agency and the hospital personnel should be discussing the approximate wait times with each other prior to changes to the system. This is an advisory to assist the transport agencies with information to be relayed to patients prior to arrival at the facilities." The motion was seconded and passed unanimously by the committee.

Dr. Davidson brought up past discussion with regard to a hospital's need to close due to internal disaster. He stated that when a facility declares internal disaster and closes, all other facilities in the community must open, regardless of their status prior to the notification. When the facility experiencing internal disaster re-opens, the system reverts back to the agreed upon rotational system. Dr. Davidson recalled past discussions regarding the need for an educational review process that would include a letter of explanation, and a public report to the MAB and FAB outlining the reason(s) for the facility's closure. He stated that the rationale for an educational review process is not intended to be punitive, but rather to be used by the other facilities as a learning tool. Rory agreed to include this issue on the next MAB and FAB agendas for further discussion.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No response.

V. ADJOURNMENT

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