

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

SB244 ADVISORY COMMITTEE

April 17, 2008 – 3:00 P.M.

MEMBERS PRESENT

Chief Randy Howell, Chairman
Troy Tuke, EMT-P, CCFD
Ron Tucker, EMT-P, MWA
Carol Butler, Centennial Hills Hospital
David Embly, North Vista Hospital
Karla Perez, Spring Valley Hospital
Jackie Levy, University Medical Center
J.D. Melchiode, MountainView Hospital

Roy Carroll, EMT-P, AMR
Deputy Chief Mike Myers, LVFR
John Higley, EMT-P, MFR
Jennifer Poyer, Desert Springs Hosp
Sheila Mussotter, MesaView Hospital
Fred Neujahr, Sunrise Hospital
James Holtz, Valley Hospital

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager Judy Tabat, Recording Secretary John Hammond, EMSTS Field Representative Lan Lam, Administrative Assistant

PUBLIC ATTENDANCE

Amy Bochenek, Centennial Hills Hospital
Eric Anderson, Fremont Emergency Services
Ann Lynch, HCA
Sue Craude, MountainView Hospital
Darrin Houston, Valley Hospital
Gary Milliken
Gail Yedinak, UMC
Joyce Faltys, Spring Valley Hospital

Vickie Wright, Nevada Hospital Association Brian Rogers, Henderson Fire Department Jen Renner, HCA Tim Orenic, LVFR Marla Kiff, Desert Springs Hospital Sandy Yanko, HCA Don Hales, MedicWest

Minta Albietz, HCA

I. CONSENT AGENDA

The SB244 Advisory Committee convened in the Clemens Room of the Ravenholt Public Health Center on Thursday, April 17, 2008. Chairman Rory Chetelat, called the meeting to order at 3:02 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mr. Chetelat noted that a quorum was present.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Introduction of Committee Membership

Rory Chetelat stated that Senate Bill 244 of the 2007 Legislative Session requires the Southern Nevada Health District Office of Emergency Medical Services & Trauma System (OEMSTS) to adopt regulations prescribing the duties and responsibilities for providers of emergency medical services located in the county to carry out the provisions as set forth in the regulations. The State Health Division has delegated to the OEMSTS the responsibility of collecting data relating to hospital wait times, and the surrounding

circumstances for such wait times each time a person is transported to a hospital by a provider of emergency medical services. Mr. Chetelat reported that the SB244 Advisory Committee was formed as a result of this requirement. The committee was mandated to meet quarterly to monitor the data gathered currently through ROAM-IT to track EMS offload and report on related problems when the offload exceeds thirty minutes. Mr. Chetelat nominated Randy Howell as Chairman. The nomination was seconded and all present were in agreement.

B. Review of SB244 Committee's Mission and Objectives

Mr. Howell stated that the first mission was to change the name of the committee. Mr. Chetelat stated that a more appropriate name would be the Transfer of Care Committee, or TOCC. No one opposed.

Mr. Howell asked for suggestions to identify the missions and objectives of the Transfer of Care Committee. Mr. Myers stated that the missions and objectives of the TOCC should be to review the data; to focus on the intent as it relates to transfer of care objectives; and to identify a gold standard that can be followed. If one hospital has identified a process that benefits the system as a whole, it should be shared to establish a benchmark.

Mr. Chetelat related that prior to testifying before the legislature, a work group was formed that comprised of the nurse managers and EMS operational personnel. He asked whether the committee wanted to maintain the work group to address street level issues and define the data prior to taking these issues to the TOCC for final decision. Mr. Howell noted that the National Hospital Association (NHA) formed the work group to identify issues prior to SNHD being given the authority to provide oversight. With Karla Perez serving as chairperson, the task force met eight times. The goal was to standardize processes such as data definition. Ms. Perez reported that revisions were made to the software to make it clear as to what the true intent was. Mr. Howell added that the revised software was installed valley wide. He noted that a lot of progress was made by the work group and he believes it is important to let the group continue in its efforts.

Ms. Perez clarified that the work group agreed to terminate at one point and defer future operational issues to the ED Nurse Managers meeting for a monthly discussion. EMS operational personnel attended those meetings to address operational issues. She stated that at this time, it may be beneficial to reactivate the work group to define the data. Ron Tucker agreed, and stated that the work group also brought the charge nurses and front line EMS supervisors together in a concerted effort.

Mr. Chetelat recommended the work group continue to attend the ED Nurse Managers meeting. Mr. Melchiode asked whether EMS has equal participation at the meetings. Fred Neujahr stated that EMS personnel are a very active part of the group and present at almost all of the meetings. He agreed that they should continue to meet on an informal basis at the ED Nurse Managers meetings. Roy Carroll stated that the only issue is that the ED Nurse Managers meet only once a month and there may not be adequate time to address the issues as compared to a dedicated work group.

Mr. Myers stated that the work group should be a small, informal, hard working group comprised of people who are familiar with current issues such as problems with data collection and identification of outliers. The work group should be given some direction to report back to the TOCC with solutions. He added that the relationships between the hospitals and EMS personnel have improved as a result of better communication and participation at the ED Nurse Managers meetings. He feels it is in our best interest to re-commit the ad hoc work group Under NHA, give it a name, and get busy working on solutions.

Mr. Chetelat agreed that this committee also meet more frequently, especially in the beginning stages. Mr. Howell asked Karla Perez if she would like to serve as chairperson on the committee. He suggested naming it the NHA Ad Hoc Committee and recommended they initially meet on a weekly basis. \underline{A} motion was made to form the NHA Ad Hoc Committee. The motion was seconded and passed unanimously.

C. Report on Transfer of Care Data

Mr. Chetelat stated the transfer of care software was developed by ROAM-IT. Don Hales was able to retrieve the data from ROAM-IT and put it on a server at MedicWest. The IT Department at SNHD now has a dedicated server connected to MedicWest's server so the data can be transferred and stored at SNHD in the future. Mr. Hales has been working on the development of Crystal Reports and Mr. Melchiode has offered IT support as well. Mr. Chetelat shared samples of some of the reports that Mr. Hales has developed. One of the reports showed raw numbers and percentages which can be published as a monthly report to present to the legislature. Other reports included graphical interpretations of the data and percentages of meeting the less than thirty minute offload rule, or the gold standard.

There was some discussion regarding the term "immediate transfer" where nothing was being entered into the computer. Another was use of the classification "other" which was being used when EMS personnel forgot to log out when they left. It was agreed that these types of issues will be discussed in future meetings so the data captures the most accurate times possible. The concept of education was stressed so that all of the hospitals utilize the same best practices as determined by the gold standard. Mr. Chetelat stressed the importance of developing a common data dictionary of terms. He stated it will be placed on the NHA Ad Hoc Committee's agenda for discussion. Mr. Myers recommended the committee meet within the next week. Ms. Perez suggested meeting the first week of May. Mr. Milliken reminded everyone that the Interim Healthcare Committee meets on May 6th and Rory is expected to give a presentation at that meeting.

It was agreed that the agenda for the NHA Ad Hoc Committee would include the following items: 1) Create a data dictionary; 2) Identify trends; and 3) Discussion of reporting transfer of care data.

III. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

IV. ADJOURNMENT

As there was no further business, Mr. Chetelat called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:52 p.m.