MINUTES

EMERGENCY MEDICAL SERVICES

FACILITIES ADVISORY BOARD MEETING

JANUARY 3, 2001--6:00 P.M.

MEMBERS PRESENT

Karla Perez, Chairman (Desert Springs Hospital)
Renato Baciarelli (St. Rose Dominican Hospital)
William Moore (Lake Mead Hospital)
Helen Vos (Mountain View Hospital)
Suzanne Cram (Sunrise Hospital)
Jacqueline Taylor (University Medical Center)
Blain Claypool, Alternate (Valley Hospital)
K.D. Justyn (Summerlin Hospital
J.D. McCourt, M.D., Alternate (MAB Rep. to FAB)
Michael Walsh (FAB Rep. to MAB)
Donald Kwalick, M.D. (Clark Co. Health District)

MEMBERS ABSENT

Kim Crandall (Boulder City)

CCHD STAFF PRESENT

Jane Shunney, R.N.
LaRue Scull
Mary Ellen Britt, R.N.
Kelly Quinn
Ellen Wilfong, Recording Secretary

PUBLIC ATTENDANCE

NAME	**ASSOCIATED WITH**
Todd Jaynes	Mesquite Fire & Rescue
Jim Kindel	Mesquite Fire & Rescue
Alice Conroy, R.N.	Sunrise Hospital & Medical Center
Pam Turner, R.N.	Valley Hospital Medical Center
Flip Homansky, M.D.	Valley Hospital Medical Center
Derek Cox	American Medical Response
Div. Chief Randy Howell	Henderson Fire Department
Aaron Harvey	Henderson Fire Department
Kathy Kopka, R.N.	Sunrise Hospital & Medical Center
Pete Carlo	Southwest Ambulance
Allison Newlon	American Medical Response
Carl Nelson	Clark County Fire Department
Virginia Deleon, R.N.	St. Rose Dominican Hospital
Jeff Davidson, M.D.	Valley Hospital Medical Center
Brian Rogers	American Medical Response

Mary Oberg, R.N.	Desert Springs Hospital
Joe Calise,R.N.	Summerlin Hospital
Batt. Chief Henry Clinton	Las Vegas Fire & Rescue
John Wilson	Southwest Ambulance

CALL TO ORDER-NOTICE OF POSTING OF AGENDA

The EMS Facilities Advisory Board convened at 8:14 a.m. on Wednesday, January 3, 2001 in the Clemens Conference Room at the Otto H. Ravenholt, M.D. Public Health Center. Jacqueline Taylor called the meeting to order as Chairman Perez had been delayed in traffic. Ms. Taylor stated the Affidavit of Posting, Mailing of Agenda, and public notice of the meeting agenda were executed in accordance with the Nevada Open Meeting Law. She affirmed that a quorum was present. Roll call was taken and it was noted that J.D. McCourt, M.D. was the alternate for Jeff Greenlee, D.O. and Blain Claypool was the alternate for George Boyer.

I. CONSENT AGENDA

A typographical error was made on page three, line 33 of the November 15, 2000 Facilities Advisory Board meeting minutes. The word "involved" should be changed to "evolved." A motion for Board approval of the meeting minutes with the noted correction to page three was made, seconded and unanimously carried.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. OIG Opinion Regarding Ambulance Restocking by Hospitals

Brian Rogers referenced an Office of Inspector General's news release (part of FAB packet), that outlined a proposal for an anti-kickback statute "safe harbor" to protect certain arrangements involving hospitals that restock drugs and medical supplies without charge for ambulance suppliers transporting emergency patients to the hospitals. The safe harbor is designed to allow properly structured ambulance restocking arrangements to continue without fear of liability under the anti-kickback statute. He noted that paragraph VII of Clark County Health District EMS Regulations Section 1300.200 "Hospitals Providing Telemetry Communications" states that any hospital providing telemetry orders to ambulance attendants, air ambulance attendants and firefighter attendants shall provide for the restocking of expended medical supplies including medications and IV fluids that have been recommended by the Medical Advisory Board, reviewed with the Facilities Advisory Board and directed by the Health Officer, unless prohibited by State or Federal law. Mr. Rogers asked, if all hospital administrators were in agreement, whether facilities could start restocking ambulances again as had been past practice. He felt the new OIG "safe harbor" opinion would protect hospitals from the liability of the federal anti-kickback statute.

Helen Vos questioned standardization of restocking supplies. Not all hospitals buy supplies from the same vendors. Mr. Rogers stated that in order for this to work, a restock committee would have to be formed to decide what articles are to be used for resupply purposes. The items need not all have the same brand names, as long as they are equivalent to each other. Jackie Taylor asked what the benefit would be to the hospitals to start restocking. Mr. Rogers admitted there would be no benefit to the hospitals, but it would greatly help the provider agencies to be re-supplied at the hospitals. Chairman Perez stated that she understood that the fee the ambulance services bill for includes the cost of the supplies. Mr. Rogers replied that it only includes supplies such as oxygen and does not include any ALS medications. He

reminded the Board of the provisions of EMS Regulations Section 1300.200, paragraph VII outlined above. Chairman Perez stated that the regulation says provide for the restocking it doesn t say at the hospital s expense. Jackie Taylor said that, what was experienced years ago, was that it was extremely difficult to monitor the supplies that were leaving that emergency department.

Chairman Perez felt that the OIG proposal addresses the anti-kickback but the fraudulent billing is still a concern. She stated that what is being asked is that hospitals provide supplies to the ambulance companies and the hospitals cannot bill for these and recoup any of those expenses.

Brian Rogers asked how it was done four years ago when the hospitals resupplied the ambulances. Chairman Perez stated the restocking was done but the hospitals realized that it was fraudulent and the federal government got more diligent in their efforts to crack down on billing fraud. A statement in the proposal says to prevent duplicate payments under Medicare A and B the hospital must not bill any federal health care programs or beneficiary for the restocking of drugs or supplies or write off costs of such drugs and supplies as bad debt . She asked that all of the members of the Board take the document and review it and discuss it at the next meeting.

Dr. Homansky said historically the Paramedics in the field were viewed as agents of the ER doctor who is an agent of the hospital and who is making the orders over telemetry and through protocols that were developed.

B. **Blue Ribbon Committee Report**

Chairman Perez said the Blue Ribbon Committee met and held it s final meeting on Thursday, December 7th, and submitted some recommendations to the Facilities Advisory Board for consideration. The Committee divided into three different task forces, the first was pre-hospital, then an emergency room task force and a hospital task force. The recommendations presented were from the first two task forces. The Blue Ribbon Committee has recommended that the divert categories be modified to delete critical care and emergency room categories and go to a simple open/close methodology for divert. This proposal would however exclude Pediatric, NICU, Burn and Trauma divert categories and they would remain as they currently do. The next is that the city would be divided geographically into divisions or regions. The four regions would be West Mountainview, Summerlin and Valley. East would be Lake Mead, Sunrise and Desert Springs Hospitals, the Central as it exists here is UMC. The South East region is St. Rose and Boulder City Hospitals. Only one hospital within a region would be allowed to divert at any one time. Additional hospitals within a region requesting divert would force a mandatory rotation within the region. If the region requested super divert patients would be directed to the next closest region. This model should reduce the need for ambulances to travel excessive distances during rotation. The Divert Committee has now come up with some additional recommendations to further refine how that rotation process would work.

The Emergency Task Force recommended to support the practice that all community emergency department adopt a policy that allows for local emergency department decisions to activate the one hour closed divert status based on the existence of specific circumstances and/or conditions. The criteria is: 1. all acute monitored beds are occupied and staffed; 2. extensive delays (defined as exceeding 30 minutes) by emergent patients awaiting placement on ambulance stretchers; 3.

critical care areas and medical surgical units have been triaged and there is no available space ,and that 4. all personnel and physical resources have been exausted. When these four criteria are met that would then allow the Emergency Department the authority to go on divert for a one hour period of time. The final recommendation was that hospitals will continue to research best practice models for patient flow and that these recommendations will be reported on an ongoing basis to the Facilities Advisory Board.

Dr. Davidson gave a brief update to the recommendations from the Pre-Hospital Task Force. From an EMS stand point there was a concern about long travel times. Region A was redefined as Mountainview Hospital, Summerlin Hospital, Valley Hospital and UMC Hospital making one big West/North West region. Region B remained the same, Sunrise, Desert Springs and Lake Mead. Region C became Siena and St. Rose, eliminating Boulder City which is its own area. As example, Dr. Davidson said if a hospital in region A wants to go on divert it would be an open/closed model, for example, Mountainview Hospital says they want to go on divert, they have one hour divert. If no other hospital in that region wants divert, they can continue in succession to ask for one hour divert times and they can stay on divert in one hour time segments just reporting every hour. If a second hospital in region A, say Summerlin says they want to go on divert, then those two facilities must rotate one hour each at a time. Meaning that three of the four facilities in the region must stay open at all times. In region B, since there are three hospitals, when one hospital closes, they may close for one hour at a time. When a second or third hospital in that region asks for divert, then three begin to rotate. You can t close two of the three. Region C, if they both want to close then they must rotate one hour each. This maintains an opening of the majority of hospitals throughout all regions. He quoted American College of Emergency Physicians which puts out guidelines for EMS diversion. One of the key statements is when all systems close, all systems must open . Chairman Perez asked Dr. Davidson if his committee was eliminating super divert in it s proposal. Super divert as a word would be eliminated, it would be an open and closed model. Closed would be one hour of closure. Chairman Perez asked about CT divert. Dr. Davidson did not feel CT divert should be a divert. Dr. McCourt who was representing Dr. Greenlee stated that the main focus of the Blue Ribbon Committee was facility efficiency. He said that Dr. Greenlee feels that splitting the region up is an EMS operations issue. They feel it s not going to improve the problem. The problem is poor efficiency and large numbers of patients and breaking up the regions is not going to solve anything. Jackie Taylor felt that one hour divert is not enough.

Chairman Perez asked if the open/close system recommendation suggests would stop and become completely closed to transports in their entirety. Dr. Davidson said that was an FAB question but he felt that if you need an hour to get reorganized then you should be closed to all transports of the EMS nature.

Susie Cram did a presentation on the Hospital Sub-committee. She stated that their group had house supervisors, clinical managers that dealt with hospital flow look at ways of improvement on what the hospital does to back the ED. The first meeting addressed how hospitals could diagnose their own flow problems. One mechanism that s in place at the Universal Hospitals is a team to look at divert before it happens which is working well. The second meeting looked at the problems that go outside of what the hospital can do whether it s having the AOC Administrator on call in the ED or the teams like Universal has done. Recommendations to FAB were on topics that

each hospital had relating to physician s rounds, discharge time, and centralized/decentralized transport systems. She said the committee would like to continue to meet and take direction from FAB on how changes can be implemented hospital wide if that is the direction of the group.

Chairman Perez asked for a motion on the first recommendation divert categories would be modified to delete critical care in emergency room categories and open/close model would replace the current system, this proposal would exclude Pediatric, NICU, Burn and Trauma divert categories, these categories will remain in place as they currently exist . Motion carried with Jackie Taylor voting no. The second recommendation for divert the County would be divided into four regions . Susie Cram proposed that the recommendation be deferred until the data is reviewed in the Divert Task Force Meeting. Tabling the recommendation was unanimous. Motion was made to accept the third recommendation overall consensus to support the standard of practice which would allow the hospital emergency departments to divert one hour based on the four criteria listed above. Motion carried unanimously.

C. **<u>Needs of the Mentally Ill in Clark County</u>**

Jackie Taylor attended a legislative committee meeting on health care in December at the Grant Sawyer Building. It was on the divert crisis that was existing in the Las Vegas valley. Two problems identified were the chronic public inebriate and the mental health patients that tie up emergency department beds throughout the valley. Divert statistics were distributed. The committee made a commitment that they would look at the possibility of doing the health/medical clearance on these patients outside of the Emergency Departments. Also discussed was that no reimbursement is being provided for the transportation of these patients from the site to the Emergency Room department to the Mental Health and back to the Emergency Room Department. Dr. McCourt gave an example on the problem: a 41 year old female was grabbed around the neck, it made her anxious and she said when she gets anxious she feels like taking an overdose of her medication. She was transported by ALS unit to the Emergency Department. She had no medical complaints and her physical exam was totally normal. This patient would not be accepted at Las Vegas Mental Health without laboratory screening exams even though she has no complaints. Usually tests are done based on the physical exam to highlight what is already known. As the tests are expensive, if the patient is uninsured, the County will have to pay for the tests. She was then sent to Las Vegas Mental Health. The next day the patient returned by ambulance to the Emergency Department paperwork said she was here yesterday sent to Las Vegas Mental Health, discharged home with refills of her medication. She came to the hospital saying she was going to take an overdose of her medication went to the psychic hospital in less than 24 hours got a refill and she s back. This was two ambulance rides, seven hours in the Emergency Department taking up an emergency room bed and almost $200 of lab testing. After meeting with Las Vegas Mental Health, a policy and procedure was developed and the care of psych patients is more efficient and makes more clinical sense and is evidence based. Dr. McCourt stated that what would help the system is more psychiatric beds or devise some type of psychiatric observation area where once the patients are medically cleared, they need a quiet room, not a hospital bed, until the psychiatric institute can take the patient. We would like the legislature to supply more financial aid to build more psychiatric beds but the opposite seems to be what is happening as is evidenced by the closing of Charter. It was noted that Valley just opened 12 adult behavioral beds.

Dr. McCourt continued, on the chronic inebriate program, some rewriting of some of the statutes occurred and some funding came from Westcare to support some medical coverage, a physician assistant and it looks like it s going to move forward. Dr. Kwalick said the Board of Health granted a variance for the chronic public inebriate that just allows them to not be taken to any ED. There still has to be funding and a whole system set up to accomplish that. Jane said that was correct but that there are a few other things to be put in place and they will occur after the MAB meeting. No statutory language was changed to do this, just local EMS regulatory language was changed. The Board of Health did approve the variance to transport patients directly to West Care rather than directly to an Emergency Room.

Chairman Perez stated that Dr. Brandenburg would be in Las Vegas on January 24th from 1:00 to 3:30 p.m. in the Clemens Room here at the Health District to further discuss the Mental Health concerns. Dr. Kwalick said he will also have his medical director with him.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Michael Walsh updated the Medical Advisory Board on the Blue Ribbon Panel. Jane Shunney and Jackie Taylor felt that they needed to be prepared to the meeting with Dr. Brandenburg. It was requested that a group meet prior to the 24th meeting to prepare.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No response.

I. ADJOURNMENT

Adjournment 9:24 a.m.