FACILITIES ADVISORY BOARD

MINUTES

February 8, 2002 - 3:00 PM

MEMBERS PRESENT

Karla Perez, Chairman, Desert Springs
Jeff Greenlee, MAB Rep.
Suzanne Burton Cram, Sunrise
Sandra Cromwell, St. Rose
Jackie Taylor, UMC
Blain Claypool, Valley
Mark Howard, Mt. View
Kim Crandall, Boulder City
K.D. Justyn, Summerlin

ALTERNATE MEMBERS PRESENT

Helen Vos, Mt.View

CCHD EMS STAFF PRESENT

Jane Shunney, R.N.
Joe Heck, D.O.
Steve Minagil, Esq.
Jennifer Carter, Recording Secretary
Mary Ellen Britt, R.N.
LaRue Scull
Kelly Quinn
Shannon Randolph, Recording Secretary

PUBLIC ATTENDANCE

Brian Rogers, Southwest Ambulance
Ed Matteson, CCFD
Don Hessel, Boulder City Hospital
Kathy Sneed, St. Rose ER
Patti Monizeuski, Sunrise
Michael Bass, Sunrise
Tracy Kramer, AMR
Philis Beilfuss, NLVFD
Nick Han, Summerlin
John Wilson, Southwest Ambulance
Michele Nichols, Valley ER
Karen Faulis, Valley
David Kalani, LVF&R
Pete Carlo, Southwest Ambulance
Linda (Matt) Netski, AMR
Dr. Tim Deneau, Sierra Health Srvcs.
Joseph Calise, RN, Summerlin
Karen A. Pieroni, RN, Lake Mead
Randy Howell, Henderson Fire Dept.
Kathy Kopka, Sunrise
Alice Conroy, Sunrise
Steven Kramer, AMR
Jim O'Brien, CC Emergency Mgmt.
Henry Clinton, LVF&R
Brian Rogers, Southwest Ambulance
Johanna Pipkin, Valley ER
Roma Haynes, Clark County
Margaret Williams, Mt. View
Sandy Young, LVF&R
Jeff Davidson, Valley (MAB Chairman)
Steve Peterson, AMR
Jack Kim, Sierra Health Srvcs.

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The EMS Facilities Advisory Board convened at 1:30 p.m. on Friday, February 8, 2002 in the Auditorium at the Ravenholt Public Health Center. Karla Perez called the meeting to order. The Affidavit of Posting and Public Notice of the Meeting Agenda was executed in accordance with the Nevada Open Meeting Law.

I. CONSENT AGENDA

A motion for Board approval of the September 28, 2001 meeting minutes was made, seconded and unanimously carried.

II. REPORT/DISCUSSION/POSSIBLE ACTION

The meeting began with the Chairman reporting on Senator Rawson's Committee on Healthcare which specifically addressed divert plus the issue of the ambulance provider crisis and the fact that the providers are waiting for extended periods of time in the emergency rooms. At the February 6, 2002, Medical Advisory Board Meeting there was discussion regarding extended drop times but no formal recommendation was sent to the FAB.

A report from the hospital committee addressed the three regions, the open/closed model and how hospitals are adopting to this system. Each hospital has set up a team that assesses their internal status. These teams are activated when needed to decide whether to close or remain open. Sunrise has an "Operations Center", Valley has a "Roving Team", and Lake Mead has a team also. These teams find open available beds.

The hospital Blue Ribbon Committee meets not as competitors but collaborators. As co-laborers they have compiled data, which identifies similar problems in all hospital institutions in the community. They felt they have not effectively communicated this data to the providers. This committee identified operational issues that cause problems, i.e. patient discharge arrangements, doctors making rounds too late in the day, average admission times, waiting on lab results, etc. This committee felt they have not reported their findings frequently enough, and if they had the community would know what the hospitals are doing to resolve these issues. A report of this data was distributed to the attendees. Of interest in this report is the average time of patient discharge. In Las Vegas it is 8:00pm. The average time of admission is 12:00 noon. It is apparent then that gridlock occurs in the hospitals. No one leaving until evening and patients arriving for admission after noon, plus ambulances arriving with patients. These are two tough issues that must be addressed.

Additionally, two other concerns were addressed, the psychiatric patients being held in ER's for up to three days because of lack of mental health beds in the community and the HMO/PPO physicians who don't see patients within reasonable times, preventing appropriate movement of these patients. Patents ending up in non-contracted hospitals because of divert is also a concern of the HMO community. They want emergency room charges to be caped.

To prevent tying up six or more ambulances at one hospital an experiment is taking place at UMC and Desert Springs. It is a cooperative effort between the two ambulance companies to work on a triage mechanism for ambulances arriving into the hospital. The first patient arrives

with their team and they stay until a second ambulance arrives, the first crew than transitions that patient onto a hospital owned gurney or hospital bed. That team leaves while the second team watches both of those patients and will continue that process until there is one team watching six patients. Long term this will not work according to the providers who are desirous of a protocol which states they will leave after 30 minutes.

Hospital emergency physicians are concerned about the legality of paramedics giving care in hospital emergency departments. Triaging ambulance patients was also discussed because past practice has been ambulance patients get priority and the fact is they may not always need it. Some local hospitals already do this with no problem. The protocol presented represents a radical change for this community, however, it seems the EMS community can no longer continue to expend their resources in the hospitals for these extended periods of time.

Steve Peterson (AMR) described his testimony before Senator Rawson's Legislative Committee on Health Care, hitting on key issues such as divert, it's various components, CPI's, mentally ill patients and alternative destinations for patients such as urgent care centers. He also addressed concern over legal aspects of paramedics working in hospital emergency rooms because they are not licensed to continue care in the hospitals. This presents an economic burden on the transport agencies.

John Wilson (SWA) explained that because of transport agencies being tied up in emergency rooms they are not able to respond to the 911 system for which they are franchised. The fire departments are also in support of the 30 minute protocol because the response times to scenes and accidents can be difficult to meet because crews are at hospitals not in their response areas. There is a ripple effect that is far reaching into the community not just at hospitals.

All of the providers agree they are looking for a solution, perhaps partial, be it regulatory or statutory and that is the reason the legislator as moderator of a summit is being sought. This will happen at an Emergency Room Summit next week, promoted by the ambulance providers.

The nursing staff at the hospitals are frustrated with the wait times too and ask the question when there are no beds and no cardiac monitors what would the pre-hospital personnel have the hospitals do? According to the pre-hospital people there are wait times of 10, 20, 30 or 40 minutes depending on the time of day or night, however, last year if the wait was an hour it was anticipated that a crisis was imminent, now this year the wait is 4 or 5 hours and something has to be done.

Currently, there is a new system being tried to help communication between the field and the hospitals. It's called the EMSystem. This computer system was originally put in place to address mass casualty incidents as an aid to inform hospitals how many patients they may receive at each agency in the event of a mass casualty. Presently, the system is up and running and corrections and adjustments are being made. It does have the capability to handle information related to divert. This capability was to be available by January, however, September 11th changed some priorities for the company, who are now focusing on surveillance components of the EMSystem. Ambulance data programs are now on a back burner. The Fire Alarm Office is working with North Las Vegas, City of Las Vegas, and Clark County Fire Dept. to provide monies to support an EMSystem dispatcher. This would be a new position that would direct EMSystem and telemetry traffic.

The divert regions put in place last April are actually working. Fire departments are able to stay closer to their assigned stations, patients have access to the hospitals of their choice and hospital ED's are open a greater percentage of time. There are certain times of the day, e.g. 2pm-9pm on certain days of the week, Friday through Monday, when long waiting times for EMS crews occur. Discussion about the Health District's position on the paramedic performing tasks within the boundaries of the emergency department continued. District regulations speak about delivery of the patient to the emergency medical facility but how the delivery is completed isn't specified in the law and the Health District believes this could be the subject of consensus between the hospitals and the providers. The District is concerned that the law does not allow the paramedic to provide services inside the hospital setting. The question was asked, what law is being referenced? However, there isn't a particular Nevada Revised Statute or regulation that says, 'the delivery of a patient is complete when this happens' or 'after 22 minutes' or 'after 48 minutes' or 'after 33 minutes then the responsibility is complete'. This law, the statutes and the regulations talk about delivery of a patient to the emergency medical facility, the obligation and responsibilities of the ambulance providers talk about providing emergency care, pre-hospital and transporting the patient to the hospital.

The Chairman quoted the Nevada Administrative Code referencing 450B, 450 and the District's attorney explained that the NAC doesn't apply in Clark County because this is a regulation from the State Board of Health who has authority over Counties with less than 400,000 people. Clark County is over 400,000 people and the authority is the Clark County District Board of Health. The NAC does not apply in Clark County. The attorney pointed out that the providers and the hospitals should work toward concensus, develop these guidelines or protocols and obtain approval by the MAB and FAB. This would then be non-negotiable.

It was then asked if legislative change was necessary to allow paramedics to practice in hospitals. Discussion followed about paramedics being hired by hospitals, would the State Board of Nursing take issue with this and would paramedics as employees of the hospital solve the drop time issue. Would they be credentialed, how would hospitals be able to utilize them as staff employees.

Desert Springs Hospital intends to post a position called a Senior ER Technician. They will be nurse extenders, not to replace nurses but utilize their paramedic skills to take vital signs, monitor, observe and get a nurse, if needed. It was pointed out that several years ago UMC tried to do this same thing and the State Board of Nursing took issue with this because nursing functions were being done by non-nurses and the Board forced them to eliminate these positions. It is the charge nurse's responsibility for nursing care and if the Nursing Board doesn't sanction the care then they would have to be approached for their advice. The group agreed that opinions should be sought from the State Board of Nursing.

There is a pilot program in place now at UMC and Desert Springs and data should be gathered for the next 45 days then bring the data to the MAB for review, if it's been positive then the State Board of Nursing should look at the data and understand what is needed to solve this problem and assist or support these solutions.

Available space is an issue in almost every hospital, hallway space is at a premium so-to-speak, some hospitals have almost none and some can handle 4 or 5 patients plus the paramedic crew – this adds up and becomes another problem, too many people in the hallway. Sometimes every

hallway is filled. Some expressed concern with the suggested 30 minute drop time, it can't be an automatic thing. Transport agencies feel crews need to get out in 30 minutes and that should be the goal. The intent at 30 minutes was to notify the administrator and let them know that the crew is at 30 minutes and will need to leave. Everyone appreciates the critical nature of some patients, at times they are in the hospital and other times in the community waiting for a response via ambulance service. The Chairman suggested the group look at the draft protocol and make additional comments. Once the 30 minute reasonable transition of care time is met: a. The charge nurse or the nurse assigned to the transfer will be advised by the transporting agency that the 30 minutes has been met and the Administrator or Administrator on call shall be notified, start with that piece. Discussion over this section of the draft protocol brought no consensus therefore, the Chairman recommended the group make recommendations to take to the Summit next week that could then go back to the MAB.

Dr. Heck explained that the intent behind this draft is to have the FAB with the pre-hospital providers reach a consensus. If a consensus can be reached today, the Health District will be ready to enact on the consensus. The Chairman felt that consensus cannot be achieved without an opinion from the State Board of Nursing about what paramedics can and cannot do. If paramedics can't care for the patients, there is no one in the hospital to take their place. The group also felt the pilot project of paramedics staying to care for several patients was something they needed to review after 45 days. Dr. Heck reminded the group again the issue of paramedics providing care in the ED's is not appropriate. This legal opinion that medics aren't authorized to provide care once they reach the facility must be recognized. One of the members stated this is not clear in the statutes. It is not clear who is responsible for care, it seems the paramedic is until they relinquish that care, and that it is their responsibility until the hospital accepts the patient. The regulations aren't saying it either. Next week there is a Summit planned in which this will all be addressed, even though the FAB is not prepared nor is it clear what is on an agenda. Hopefully, it should be as a team of healthcare providers and not hospitals vs. pre-hospital. Each hospital should have the opportunity to present this protocol to their chiefs of staff, risk managers and lawyers.

The medical operations director of the Health District asked that the FAB keep in mind that the interpretation of the Health District legal counsel is that EMS providers giving care in the emergency department is not appropriate, as NRS 450B and Clark County Board of Health EMS Regulations govern pre-hospital care, not EMS providers treating patients in the ED. It May take legislative or regulatory change to clarify this issue but until that time we must function within the current legislative and regulatory environment. Another member stated this transfer of care is everybody's responsibility, it's EMS and the hospital's to decide what this means. The community has to fix this problem. The question before this board is what constitutes a reasonable time, is 4 or 5 or 6 hours a reasonable time?

It was then suggested that the draft be brought to a vote. The Chair called for a motion from the Board whether or not they would adopt this protocol as it is currently written. There being no motion, it is assumed that there is a denial of the acceptance of this protocol.

Blain Claypool moved that at the Summit, reports be received on the two pilots. Each hospital meets with the transport companies to discuss what can be done to work together to solve the problem and that the hospitals also contact the State Board of Nursing in the interim and get clarification on use of paramedics in the emergency room. Motion passed unanimously.

The providers all agreed that patients would not be abruptly left but they want to be able to free up their resources, bring in gurneys and get ambulances back on call.

The Chair moved to the agenda item about open/closure and the divert system. The question was raised why can't two hospitals in a 4 hospital region allow two hospitals to go on closure? Dr. Greenlee said there is a policy that an exception states, "when everybody is closed, everybody is open" – this is part of the original design of the regions concept. We still need to follow their direction. The intent is when we're all busy we all need to help, that's what the American College directs. At most we have 3 hospitals closed in the Valley. Going back to 4 or 5 we are starting to expand when more hospitals are closed. When everybody's closed, everybody's open.

Matt Netski from AMR said from an EMS perspective whether, it be ambulance or fire service, opening hospitals puts EMS in crisis. We have opened up facilities, that's true. The hospitals are now open but who's paying the price? EMS is paying the price because now we're extended. Right now hospitals are saying 'we're open', you are but we are now saying, 'we are in crisis' because we are in emergency rooms longer periods of times with more crews in hospitals.

The Chair asked if "forced open" statistics are being kept.

AMR's Matt Netski said this information is tracked on the EMSystem, there's a procedure where we're putting hospitals on and off, it's the same as when they're forced open, it's in the notes that come across the screen, open, forced open or closed. These statistics would be helpful on end of the month in addition to what we are currently getting about open and closed and how many hours. This data would be available on the EMSystem spreadsheet. It was then asked if there are data available showing when a patient is taken to a particular region how often that individual had full hospitalization? No one responded affirmatively.

The zones were again reviewed by Sandy Young, the purpose was to spread out the closures so that geographically we would not have one side of town completely closed to ambulance traffic. Zones have eliminated taking people to a hospital they did not want to go to.

Data on drop times is important, according to Alice Conroy, and necessary to verify a crisis point, which is not well defined. In order to fix this crisis all details are necessary before a summit meeting with legislators. Perhaps the group needs to require specific data for decision making. Steve Peterson from AMR said they provide monthly a great deal of informational data to the hospitals regarding drop times, market share data and other statistics which should be helpful to manage the business. Chairman, Karla Perez, stated what she receives is most helpful and the hospitals are waiting to receive similar data from SWA.

A motion was made to gather the necessary information prior to the meeting with the Legislator next week, with providers, hospitals and other groups present to discuss the data.

The Board requested the purpose of this Summit be more clearly explained. John Wilson with SWA stated the intent is to have someone like Assemblyman Steve Perkins who is with the Legislature to assist us in raising a public consciousness concerning these issues. We know Sen. Rawson on the Senate side is aware of the paramedic and divert issues and now we are going to the Assembly side to seek help if we need to make legislative changes. After we figure out what we need and the hospital side does the same, we can draft changes for the legislative session with one voice. We also need some clarification on the administrative codes.

Suzie Cram from Sunrise Hospital felt that to go to this Summit without having discussions with the State Board of Nursing and the Medical Executive Committee and hospital Chiefs of Staff is premature. We need to have a united front and at this point the hospitals haven't had the opportunity to prepare as well as the pre-hospital people have. Chairman Perez indicated she thought the Summit was to figure out what to go to the Legislature with. The ambulance companies feel something needs to change with the ER's and the need to start working together is now, the longer this delays the worse it becomes. It's been pushed back for too long. The factors needed to be addressed are the nurse practice act, the extent that that's a factor, the issue with the Health District regulation and what the State says versus what the County can do. To meet with Steve Perkins was primarily to cut through any existing bureaucracy.

Contact was made with Steve Perkins to let him know we have this crisis, we know the hospitals are dealing with a variety of crisis, how can we get some help? And he said any way he can help, he'd be of help. Everyone is aware there is a crisis. Some of the committees have produced good results, some problems the committee can't fix, the City has just grown too big. The hospitals don't want to be set up as "they're the problem". At this point, no agenda is prepared, the meeting will be as long as necessary and is not open to the public. The Chairman said it is a difficult day for all the CEO's to meet because of another previously scheduled meeting, however, they will try to include this item on that agenda.

Again, it was pointed out that the intent of the Summit is to facilitate discussion having prepared Assemblyman Perkins with information on drop times, regulations and statutes. The hope being that Perkins could bring all parties together, including the CEO's from all the institutions. Decision makers at the table are necessary to take some action to resolve these issues. Steve Peterson from AMR thought Mr. Perkins could assist with the factual items surrounding these issues; statutes relative to the Nurse Practice Act, could it be changed, also Clark County Health District has made their position clear and that creates some problems both for providers and the hospitals. These are the kind of issues to be addressed. All parties have been invited, transport agencies, CCHD, hospitals. Many from the hospital's group felt they didn't have adequate time to prepare before the Summit meets next week. The ambulance providers and all transport agencies felt these issues have been talked about for more than 18 months, the problem is now critical for the EMS agencies and if some three or four pieces of legislation for relief could occur they would like them identified. The presence of Mr. Perkins would hopefully move the process into a productive environment. Mr. Perkins has been apprised of the pieces, the issues and the need for relief for the transport agencies.

The members of the FAB asked that the Summit be pushed back an additional week to give them more time to prepare because there are a lot of components that need to be considered before going to a legislative body. Chairman Perez will attend the Summit meeting on behalf of the Board as there was no move to change the meeting date.

A report was made to the FAB from the MAB representative Mr. Claypool. The data for one year on the open/closure protocol will be presented at a future MAB and will be brought to the FAB.

Two articles were distributed from the Abaris Group.

Motion for adjournment. Meeting adjourned at 4:19p.m.