MINUTES
EMERGENCY MEDICAL SERVICES
FACILITIES ADVISORY BOARD
MAY 22, 2002 – 8:30 A.M.

MEMBERS PRESENT

Don Hessler
Donald Kwalick, M.D.
Jackie Taylor
Karla Perez
Sandra Rush

MEMBERS ABSENT

Blaine Claypool
Brook Richardson-Jenkins
Helen Vos
Jeff Greenlee, D.O.
K.D. Justyn
Suzanne Burton Cram

ALTERNATES

Jennifer Schomburg – Mountain View
Joe Calise – Summerlin

CCHD STAFF PRESENT

Connie Read
Jane Shunney
Jennifer Carter – Recording Secretary
Kelly Quinn
LaRue Scull
Mary Ellen Britt
Shannon Randolph

PUBLIC ATTENDANCE

Brian Rogers – SWA
Connie Clemmons-Brown – UMC
John M. Myers – LVF&R
Pete Carlo – SWA
Sandy Young, R.N. – LVF&R
Steve Peterson – AMR
Steven Kramer – AMR
Virginia Deleon, R.N. – St. Rose Med. Ctr.

FAB Meeting Minutes Summary
May 22, 2002

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The EMS Facilities Advisory Board convened at 8:30 a.m. on Wednesday, May 22, 2002 in the Clemens 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 April 1, 2002 meeting minutes was made, seconded and unanimously carried.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Karla Perez asked for acceptance of the minutes of the March 6, 2002 meeting. A motion was made, seconded and unanimously passed by the Board to approve the minutes as written.

Joe Calise reported the Blue Ribbon Committee met Friday, May 17, 2002 to discuss the definition of Internal Disaster, Criteria for declaring an Internal Disaster, and Guidelines for Critiquing an Internal Disaster. Discussion took place on divert and closure issues. The committee thought that the current divert and closure issues should be referred to as external disasters and should be addressed as a community external problem.

The Blue Ribbon committee listed topics acceptable for an internal disaster, which included:

- Bomb Threats
- Water and/or Power outages
- Computer Shut-Downs
- Terrorism

A recommendation from the Blue Ribbon committee was to ask the assistance of the FAB to activate an external disaster plan. The plan would involve having a CEO and/or COO from the FAB on call for the hospital on a weekly basis to be the primary contact for the community in an external disaster. That person would immediately be notified of the community situation and assist in internal disaster for each hospital. The administrator on call for the facility would then communicate to the CEO/COO on call for that week and coordinate the disaster for a specific hospital.

Concerns were raised regarding the authority of the CEO/COO to approve or deny a hospital's request to go on any type of disaster and the amount of time required to assume such a responsibility.

A suggestion was made to have all the hospitals collaborate in staffing five individuals as EMS dispatchers at the nursing level for a 24-hour position 40 hours per week. The dispatchers would control the divert status, mass casualty incidents, extreme incidents, and also route ambulances.

There was a concern from the transport agencies that when a hospital declares an internal or external disaster the flow of patients from Quick Cares, inner hospital transfers, and ambulatory patients continue to be accepted by the hospital. However, the hospital closes its doors to the patients who are transported to the facility by ambulance providers. It was suggested that if a hospital is declaring a disaster all patient flow should be stopped.

A comment from the board was that all hospital personnel should be aware of their disaster policies and be careful that the policy is not violated when an internal disaster has been declared.

Ambulance providers were concerned that hospitals with wait times in excess of 45 minutes refuse to go on divert causing longer wait times for them. There are issues regarding health insurance that require ambulance providers to take patients to a hospital within the network. If the ambulance provider takes a patient to an out-of-network hospital when an in-network hospital is open, problems arise with receiving payment from the health insurance companies. Therefore, in an effort to get ambulance crews back in service in a timely manner and to avoid health insurance payment conflicts, Brian Rogers with AMR suggested that the ambulance providers automatically put those hospitals on divert and ambulance traffic would be diverted to hospitals that do not have long waits.

Ambulance providers commented that while there has been some improvement in the wait times at the hospitals, there remains an issue with the wait times and particularly, with five core hospitals. Within the last few days, two ambulance companies had 4 - 5 hour wait times in the evening at two different hospitals. They attempted to contact the hospital CEO on call and were unable to resolve the issues of empty beds and waiting patients. The hospitals refused to close. The response from the board was to encourage the providers to pursue those issues with the individual hospitals possibly in a meeting with the hospital CEOs, provider CEOs' and administrators.

A request was made from the board to have the FAB hospital representatives present any new processes and/or new policies implemented in their respective hospitals at the next FAB that address wait times, efficient patient flow, improved bed availability in the ER and/or peak census flow. Dr. Kwalick suggested that each of the hospital representatives provide written reports to the EMS office. It was agreed

each facility would submit reports to the EMS office and the EMS office would include those reports in the next FAB mailing to the committee members.

Some facility processes and improvements mentioned were:

- Desert Springs Hospital tracks wait times and adjusts staffing accordingly.
- Sunrise Hospital has implemented a new incident command center, which has reduced wait time for discharge patients by an hour.
- UMC developed two new policies in the past year. One is the Peak Census Flow Policy, which activates every clinical manager in the hospital to respond to units and to start diverting services and patients, etc.
- UMCs' Chest Pain Center will be relocated out of the ER, in an effort to accommodate more patients in the ER.

There was a request from the ambulance providers to be included in the Hospital Group Task Force. Karla Perez will notify Suzie Cram (the chairperson for that task force) that the ambulance providers would like to be invited to those meetings.

Senator Rawson has a committee that is working on a bill to address capping the fee that the non-providing hospital would get as a result of a patient receiving services in the ER. It seems the providers as well as the hospitals should meet with Senator Rawson to address third party payers for patients who are taken to another institution, with their consent, and the third party payer shouldn't deny payment for those services.

III. ADJOURNMENT

As there was no further business, Karla Perez called for a motion to adjourn. The motion was seconded and carried unanimously to adjourn at 9:45 a.m.