MINUTES
EMERGENCY MEDICAL SERVICES
FACILITIES ADVISORY BOARD
AUGUST 9, 2002 – 8:30 A.M.

MEMBERS PRESENT

Don Hessler, Boulder City Hospital
Helen Vos, Mountain View Hospital
Jackie Taylor, University Medical Center
Suzanne Burton Cram, Sunrise Hospital
Karla Perez, Chairperson, Desert Springs Hospital
Sandra Rush, St. Rose Medical Center
Brook Richardson-Jenkins, Lake Mead Hospital

MEMBERS ABSENT

Blaine Claypool, Valley Hospital
Donald Kwalick, M.D., Clark County Health District
Jeff Greenlee, D.O., MAB Representative
K.D. Justyn, Summerlin Hospital

ALTERNATES

Jane Shunney, R.N., Clark County Health District
Joe Calise, R.N., Summerlin Hospital
Pam Turner, R.N., Valley Hospital

CCHD STAFF PRESENT

Jennifer Carter, Administrative Secretary
Shannon Randolph, Sr. Administrative Clerk

PUBLIC ATTENDANCE

Alice Conroy, R.N., Sunrise Hospital
Brian Rogers, SWA
Diane Speer, R.N., Lake Mead Hospital
Jeff Morgan, LVF&R
John Wilson, SWA
Philis Beilfuss, R.N., NLVFD
Sandy Young, R.N., LVF&R
Steven Kramer, AMR
Todd Jaynes, MF&R
Virginia Deleon, R.N., St. Rose Med. Ctr.

FAB Meeting Minutes Summary
August 9, 2002

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The EMS Facilities Advisory Board convened at 8:30 a.m. on Friday, August 9, 2002 in the EMS Conference Room at the Ravenholt Public Health Center. Chairperson 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 May 22, 2002 meeting minutes was made, seconded and unanimously carried.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Communication Proposal – EM System

Mike Myers reported he wrote a full proposal for four full-time EMS dispatcher positions at the FAO, and met with the Southern Nevada Fire Chiefs, EMS Committee, Nurse Managers, Nurse Manager Task Group, and the Board of Directors at the Fire Alarm Office (FAO). Discussions took place concerning coordinating ambulance traffic throughout the Valley to allow for emergency notification and querying bed availability in the case of a mass casualty incident (MCI) using the EM System.

The Board of Directors were in favor of the proposal, however, they requested that it be reviewed by the Operations Committee to ensure legalities and expectations are in order. Mike Myers asked the FAB to consider potential funding options. He emphasized the need for the funding to be a long-term commitment. If the proposal is approved hospitals, private ambulance companies, and fire services would share the $250,000 funding for this project. Mike stated he would give the FAB an update after the Operations Committee reviews the proposal. If approved, he will submit a final draft of the proposal to the FAB.

A question was raised regarding the possibility of obtaining funding from fire services and provider agencies. Mike Myers commented that the Board of Directors is not willing to accept the proposal if funded solely by the fire agencies. This is a community project that will benefit not only the FAO and fire agencies, but providers and hospitals as well. Chairperson Karla Perez suggested that each facility explore potential funding for the project.

When asked whether bioterrorism funds could be utilized, Mike Myers replied it is one of several avenues currently being explored. He suggested that the FAB or one of the provider agencies send a lobbyist to the state meeting to pose this question. He will do so at the State Public Health Grant meeting.

B. Hospitals Data Input – EMS System

Pam Turner reported a special meeting was called August 6, 2002 at Valley Hospital. Attendees were nurse managers, charge nurses, and representatives from Las Vegas Fire & Rescue (LVFR) and Clark County Health District (CCHD). She stated that the EMSystem was installed by the MMRS to enhance communication between EMS providers and hospitals during a MCI event. To date, it has only been utilized for the county's divert system. The hospitals do not currently have the ability to enter any kind of data or communicate with the EMS community or each other due to having "read only" passwords. Read/write passwords would allow a facility to enter comments or change the open/closed status exclusively for their facility. It would not allow hospitals to enter data in another facility's comment fields.

Nurse managers are concerned that it would be very difficult for the emergency department staff to remember to change the status from closed to open when the hour is over.

Pam Turner stated use of the EMSYSTEM will be on an honor basis.

Discussion took place regarding the fact that this had been attempted in the past unsuccessfully. Hospitals had read/write passwords and were able to change the open/close status. The system was abused until the read/write passwords were taken away. However, it could potentially work with careful policing of the open/closed status.

A motion was made to approve the following:

1. Mike Myers will distribute read/write passwords to each facility.
2. AMR will remain the gatekeeper for open/closed status.
3. Each facility will have the ability to enter comments to communicate with each other and the EMS system.
4. Each facility will be responsible for accountability of appropriate use of this process. If a hospital is placed on closed status by the facility without going through AMR, dispatch will contact the charge nurse on duty at the hospital. If a pattern continues the nurse manager will be contacted.
5. Mike Myers will contact EMSYSTEM about the ability to separate the open/closed fields from the comment field.
6. Mike Myers will contact EMSYSTEM about doing an in-service for the agencies that have access to the system.

The motion was seconded and passed unanimously.

Mike Meyers commented the passwords could be distributed by Friday, August 16 at which time he could also provide answers from MMRS regarding the programming, and the in-service training.

Concerns were raised regarding the types of comments and indicators that should be used in the comment section. A suggestion was made to develop a data dictionary for acceptable terminology to be entered into the comments field.

After some discussion it was determined that a data dictionary should be made available and read/write passwords distributed when the in-service training is conducted. Mike will get clarification from MMRS regarding in-service training, and read/write passwords will be distributed at the time in-service training is provided.

C. ER Call Schedules

Suzie Cram commented there were several requests from physicians to develop a call schedule that would combine the schedules for all physicians on-call at all hospitals. A meeting was held mid July, which included representation from all medical staff offices. The group designed a proposed call schedule, and a standard change form for all medical staff offices in Las Vegas. The call schedule, change form, and a letter responding to the physicians request were distributed to 1400 physicians. A proposal was prepared and submitted to the physicians from the group to include an internet software package, which would allow the call schedules to be viewed on the internet.

D. Hospital Flow Task Force Report

Suzie Cram reported the hospitals in the community developed a survey to determine what keeps the flow of discharges from occurring. Data was collected to look at physicians and their times of rounds as well as family and patient situations where for example, the patient was not ready to leave because a family member did not know the patient was being discharged at a given time. Kathy Kopka and Shannon McLemore worked with all the case managers to look at possible solutions to some of the issues. Blaine Claypool gave a presentation on "Improving Hospital Flow." Jane Shunney will email a copy of the presentation to all hospital CEO's/COO's.

Suzie requested the Hospital Flow Task Force be disbanded.

E. Legislative Special Session Update

Chairperson Karla Perez reported the Medical Examiner's Board is discussing Assembly Bill No. 1 (AB1). There were several issues in the proposal that were very good for the hospital community.

- Patients who suffer traumatic injury, defined as patients who meet the trauma criteria. If patients go to hospitals other than the trauma center they would all receive the protection of a cap of $50,000 and that included the facility, the physicians, the surgeons, and the nurses involved in the care of that patient. It was discovered in a recent meeting that protection did not include the physician assistants (PA's) which will be included in the proposal to get PA's included in that coverage. There was a cap included in the bill with two exceptions:

  1) Gross negligence

  2) Extenuating Circumstances, which is the one that has the physicians a bit nervous because that is going to be determined based on how the judges interpret extenuating circumstances.

The next provision, which has the hospital community concerned:

- Medical Error Reporting. The first proposal had hospitals reporting everything. The final provision does still have the medical reporting provision in it, but it only includes sentinel events defined by the Joint Commission. Sentinel events would be reported to the Bureau of Licensure. Health Insight is being considered on a contractual basis to keep track of the data. Sentinel events reports will only require the date, time and a brief description of the incident. Who was involved and the patients' name/s are not required in the report.

Currently, if licensure conducts a survey and finds a violation that would be an endangerment to the patient, the hospital is subject to a fine. Under the provision, if the incident is self-reported which is a requirement, the hospital is protected from any penalties or fines. There is a provision that effects physicians more than hospitals. Physicians would often ask the hospital to lower their limit requirements because there was a feeling that in doing so the physicians could lower their limits and their premiums would decrease. There is a provision in the law that talks about the non-economic damages of the cap that it is the greater of $350,000 or the remaining amount up to the limits of the policy, which would mean under that provision that a person would have to have a policy that has a limit. So there is a provision in the law that would require a physician, in order to gain the protection of the $350,000, cap to carry a policy with a minimum $1 million – $3 million-dollar coverage.

Another provision alleviates liability for a physician in a governmental or non-profit hospital, who provides care to an indigent patient.

A provision under liability, which in the previous law in Nevada, if a physician or hospital was found 1% liable in a case, they could be 100% responsible for the damages. There was a provision passed for non-economic damages only, that individuals are only responsible for their level of liability.

F. Trauma Center Update

Jackie Taylor reported 51 of 130 physicians rescinded their resignations. Sixteen Orthopedic physicians returned to University Medical Center. Neurology came into full force about the same time, which was the day before the opening of July 14, 2002. The Trauma Center is stable at the moment.

G. Mental Health Update

Joe Calise reported since the closure of Incline Village Health Center there has been a patient increase of approximately 60–70%. Nurse Managers met with Judge Voy who provided information about Legal 2000 and the appropriate procedure for processing Legal 2000's. Nurse Managers were to inform their respective CEO's/COO's of what was learned from that meeting. Judge Voy said he would be willing to address the issue with the hospital administrators on an individual meeting basis.

H. Internal Disaster Definition

Suzie Cram stated an external disaster puts pressure on the hospital. Closure can sometimes be equated with an external disaster.

Discussions took place concerning internal disaster versus external disaster. If a hospital declares an internal disaster that hospital must be committed to absolutely no elective

surgeries, and no elective admissions. If there is a disaster situation there has to be a mechanism that completely shuts the hospital down until it recovers. Hospitals should refer to their external disaster policies.

A question was raised regarding the status of the position called Emergency Department Technicians.

Chairperson Karla Perez replied the initial discussions were, if a paramedic or an EMT can provide a certain level of skill out in the field, why can't he or she carry the same set of skills into the hospital and perform those same types of duties. It was discovered through regulation that they clearly cannot. They are limited to pre-hospital.

There was a second concern raised that a paramedic or EMT can not be hired in a role as an Emergency Room Technician, and perform a certain set of skills, not to the full extent of a paramedic or EMT, but they can monitor patients and perform a certain level of related tasks. That could not be done because ER Technician would be reporting to registered nurses and registered nurses could not supervise non-nurses.

Through a series of meetings that included the State Bureau of Licensure, State Board of Nursing, Nevada Nursing Assoc., emergency nurses, CCHD, Attorney General's Office, Hospital Association, every player who could possibly be affected was present; it was determined that a nurse can supervise non-nurses. What they cannot do is delegate nursing functions.

It was decided the best route to take would be to develop a policy statement that states an emergency room can hire individuals whether they are called ER Technician or given a similar title, they cannot be called Paramedic or EMT because under regulations they have specific functions; those individuals may be hired to function in a pre-hospital role as an ER Technician, performing a set of skills defined by a job description.

The group developed a job description that meets the approval of the State Board of Nursing. That job description and the guidelines of the position will be reviewed at the next Nurse Manager's Meeting, then taken back to the Nevada Hospital Association at the September 4th meeting to be disseminated to all hospitals.

There was confusion following the initial draft, which was discussed in nursing chat rooms across the United States. As a result, information was taken out of context, causing a great deal of controversy from the Nevada Nurses Association, who felt the intent was to replace the nurses with paramedics, that was never the intention. Rather, the intention was to find people who could fill that supportive role to the nurses in the emergency room.

Chairperson Karla Perez stated for example what could happen is these individuals may be hired to function as ER Technicians. When the paramedics bring in a patient on the gurney, a nurse still has to do the initial assessment and exchange, but then that individual can monitor the patient and stay with the patient. After September 4, 2002 that protocol along with the job description will be distributed to the hospitals for review.

Sandy Young referred back to the internal disaster definition stating the agencies did not care what the definition was, as long as it was consistent, and that the hospitals would not just close one avenue of patient receiving which was the ambulance, and leave the

rest of the hospital open to access. Agencies want some monitoring done or review of the internal disaster to share what steps were taken in the process.

Chairperson Karla Perez suggested each hospital review their respective external disaster policies to ensure they include closing all other services and to make sure the policies are consistent throughout the hospitals.

Further discussion took place regarding internal disaster versus external disaster. Chairperson Karla Perez suggested each hospital bring in their internal disaster and external disaster policies to the next FAB meeting.

III. ADJOURNMENT

As there was no further business, Chairperson Karla Perez called for a motion to adjourn. The motion was seconded and carried unanimously to adjourn at 10:10 a.m.