

MINUTES

EMERGENCY MEDICAL SERVICES

FACILITIES ADVISORY BOARD

February 9, 2005—8:30 A.M.

MEMBERS PRESENT

Karla Perez, Chairman, Spring Valley Hospital
Jennifer Schomburg, Summerlin Hospital
D. Blain Claypool, UMC
Greg Boyer, Valley Hospital
Jonna Triggs, Southern NV Adult Mental Health Services

Sam Kaufman, Desert Springs Hospital
Kim Crandell, Boulder City Hospital
Ingrid Whipple, Montevista
Suzanne Cram, Sunrise Hospital

ALTERNATES

Vicky Van Meetren, St. Rose Dominican Hospital

MEMBERS ABSENT

Rod Davis, St. Rose Dominican/Siena
Donald Kwalick, M.D., Chief Health Officer, CCHD
Tad Morley, MountainView Hospital
Renato Baciarelli, St. Rose Dominican/Rose de Lima

Cory Countryman, North Vista Hospital
Mary Jo Solon, Southern Hills Hospital
Jeff Davidson, M.D., Valley Hospital

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Trish Beckwith, Field Representative
Jim Osti, Grant Writer
Mary Ellen Britt, RN., QI Coordinator

Lawrence Sands, D.O., Director CHS
Eddie Tajima, Administrative Asst.
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Stacey DeBourg, WestCare
Brian Rogers, EMT-P, SWA
Steve Kramer, EMT-P, AMR

Randy Howell, EMT-P, HFD
Roy Carroll, AMR

I. CONSENT AGENDA

The Facilities Advisory Board convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, February 9, 2005. Chairman Karla Perez called the meeting to order at 8:35 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Ms. Perez noted that a quorum was present.

Minutes Facilities Advisory Board Meeting January 12, 2005

Chairman Perez asked for approval of the minutes of the January 12, 2005 meeting. A motion was made, seconded and passed to approve the minutes as written.

Mr. Chetelat introduced Dr. Lawrence Sands as the new Director of Community Health Services for the Clark County Health District. Dr. Sands stated he looked forward to working with the Facilities Advisory Board and to continue communication between all the hospitals in the Valley and the Health District.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Continuation of Discussion on Legal 2000 Patient Transport Guidelines

Ms. Perez stated legal opinion was needed before they could implement the motion from the last meeting to reinstitute a nine patient maximum capacity for each facility and broaden the definition for rotation to include a chief complaint or diagnosis of depression, suicidal ideation or legal 2000.

Mr. Chetelat advised the board that the Health Districts legal council still stands on the opinion that an individual who has not had the first part of the legal formed filled out still have fundamental rights to choose and it would be a constitutional challenge to remove their rights, therefore, would not approve to broaden this definition. He also noted that current protocol does state suicidal ideation without a preference and legal council will consider broadening the definition to mental health patients without a preference. Legal council did not have a problem with the maximum capacity of nine at each facility.

Mr. Claypool asked how many of these patients truly express a choice in the field as to what facility they want to go to.

Brian Rogers stated that for the most part these patients do not express a choice.

There were also concerns as to whether the motion to broaden the definition was just on the transport side or for the actual counting piece. Mr. Chetelat advised that EMS does not have a problem with what number is put on the screen; it was the MAB who set that number.

Ms. Perez commented that the concern is actually from the perspective of the mental health facilities because that number is what they look at to see who is ready to go and if we add everybody the facilities will be overstating the number.

Dr. Triggs added that during previous discussions it was asked if we should mix the voluntary in with the involuntary and she was ambivalent since it will not make any more bed space but put the legal 2000's in the forefront to avoid the 72 hour time limit problem.

Mr. Kaufman felt that certain hospitals see more involuntary patients versus other hospitals and to try and level load you need to include all psych patients and would like to make a recommendation to change that.

Ms. Perez stated that the motion to broaden the definition was just on the transport side and it did not include the number the facilities were putting up on the screen.

Kim Crandell made a clarification motion to broaden the definition to include both transports in as well as the number that we put up on the screen based on a chief complaint or diagnosis of depression, suicidal ideation or legal 2000.

Ms. Perez stated that she will send out communication to all FAB members on how to count those patients on the screen and since it was recommended at the last MAB to clear the EMSsystem screen at noon and midnight she asked Mr. Chetelat when that would be starting.

Mr. Chetelat advised that the system has already been turned on and at 7:00 a.m. and 7:00 p.m. it will block the screen at the facility and request an update.

Randy Howell voiced his concern that going into a forced rotation was a disadvantage for his agency because of the travel time involved.

Ms. Perez stated that policy would be that you would transport patient choice first as long as they're not at the cap and secondly it would be the closest facility with a number less than nine. Ms. Perez also brought to the board some feedback she has received that hospitals are either at a green or a black status and as a reminder they need to move along the spectrum and go from green to yellow to red so that the field really does know your true position.

Randy Howell stated that there was a vote two MAB meetings ago on January 5th to reinstate the 45 minute drop time for legal 2000 patients. He stated he would like the FAB to approve this drop off policy since they are going to be forced into driving further.

Mr. Kaufman asked what the average time EMS is waiting with legal 2000.

Steve Kramer stated some of the wait times at the hospitals have been 3 to 6 hours and sometimes their whole shift. He would be willing to level load the hospitals if there was a compromise and they would get the 45 minute drop time. He felt the patients are there just for medical clearance and the paramedic can't do anything in the ER for that patient. County Fire couldn't respond to 911 because they had no apparatus to send. It was no longer a dual response system.

Brian Rogers also commented on the fact that it is critical for AMR and Southwest to meet their response time requirements under their franchise agreement so they are not in breach of contract. He also stated that Southwest was not able to respond to a 911 call because they did not have an apparatus to send and asked what do we do as a community?

Ms. Cram was adamant about not pushing a hospital into calling an internal disaster and shutting itself down because it will cause a domino effect.

Dr. Triggs suggested calling the SNAMHS Mobile Crisis Team during these times. She would authorize sending doctors and social workers down there to do quicker triages.

It was suggested to call the Administrator on Call to say EMS is in a city wide crisis and needs the hospitals to push to get these rigs back out. Mr. Chetelat suggested using the EMS system to do an emergency notification. He asked the board to provide a number that somebody carries to program into this system. Mr. Chetelat will check to make sure he could use the system and will send out a communication to the members.

Mr. Chetelat asked that they hold off on releasing information until Dr. Kwalick reviews the recommendations from the Board before a new policy will be put in place.

B. Legislative Initiatives Regarding Mental Health

Dr. Triggs did a presentation on the Southern Nevada Adult Mental Health Services (SNAMHS) including where they already have sites throughout the city, their services and programs and future plans for SNAMHS. Dr. Triggs also handed out a list of how many positions they are asking for and where they will be going.

C. Funding for WestCare

Ms. Perez stated that at the last FAB meeting Dan Musgrove from Clark County had proposed to revisit the distribution of the funding at the request of Southern Hills Hospital. She advised that it states in the contract that any hospital has the right to request the funding methodology be reviewed but it requires a unanimous approval to change it and since she had already received three no votes, the current methodology of funding the CTC from the hospitals will stand.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No response.

V. ADJOURNMENT

As there was no further business, Chairwoman Karla Perez called for a motion to adjourn. The motion was seconded and carried unanimously to adjourn at 10:06 a.m.