

**MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
SEPTEMBER 4, 2002 – 6:00P.M.**

MEMBERS PRESENT

Allen Marino, M.D., St. Rose Dominican Hosp.
Blain Claypool, Valley Hosp.
Chief Randy Howell, Henderson Fire Dept.
Chief Steve Hanson, Clark County Fire Dept.
David Daitch, D.O., Boulder City Hosp.
David Watson, M.D., Sunrise Hosp.
Donald Kwalick, M.D., Clark County Health District
Donald Reisch, M.D., Desert Springs Hosp.
E. P. Homansky, M.D., Valley Hosp.
Jeff Davidson, M.D., Chairman, Valley Hosp.
Jon Kingma, Boulder City Fire

Karen Laauwe, M.D., Lake Mead Hosp.
Michael Zbiegien, M.D., Sunrise Hosp.
Nicholas Han, M.D., Summerlin Hosp.
Pete Carlo, Southwest Ambulance
Philis Beilfuss, R.N., North Las Vegas Fire Dept.
Richard Henderson, M.D., St. Rose DeLima
Steven Peterson, American Medical Response
Timothy Vanduzer, M.D., Mountain View Hosp.
Todd Jaynes, Mesquite Fire & Rescue
Virginia DeLeon, R.N., St. Rose Dominican Hosp.
William Harrington, M.D., University Medical Center

MEMBERS ABSENT

Asst. Chief Mike Myers, Las Vegas Fire & Rescue
John J. Fildes, M.D., University Medical Center

ALTERNATES

Sandy Young, Las Vegas Fire & Rescue

CCHD STAFF PRESENT

Connie Read, Human Resources
Jane Shunney, R.N., Asst. to the Chief Health Officer
Jennifer Carter, Administrative Secretary
Joseph Heck, D.O., EMS Operations Medical Director

Mary Ellen Britt, R.N., QI Coordinator
Rory Chetelat, EMS Manager
Shannon Randolph, Sr. Administrative Clerk

PUBLIC ATTENDANCE

Becky Hudema, VHMC
D.A. Rosin, MD,
Ed Matteson, CCFD
Eric Kovdeck, SWA
Gerry Hant, AMR
Holly Hess-Sharrai, NV-1 DMAT
J.B. Lungo, MD, UMC
Joe Calise, Summerlin Hospital
John Wilson, SWA

Kathy Kopka, Sunrise Hospital
LaRue & Muff Scull
Lori Paulus, SWA
Michael Whitehead, SWA
Michelle Pludwka, VHMC
Pam Turner, VHMC
Scott Rolfe, UMC
Syd Selitzky, HFD
Todd Allen, SWA

Introduction of EMS Manager Rory Chetelat

Dr. Kwalick introduced Rory Chetelat, EMS Manager. Rory has been with the Aurora Colorado Fire Department for 22 years. He was a paramedic on the street for approximately 15 years. In the mid 90's Rory became a Lieutenant and began varied experiences in administration, which included Public Education, Public Relations, Office Management, Management Analyst, Planning Research and Development, Department Accreditation, Quality Assurance, Computer Programming and Statistical Analysis. In March of 2000 he was promoted to Captain in the Aurora Fire Department and would have been promoted to Battalion Chief in October 2002 but he elected to retire and relocate to Las Vegas. Academically, Rory has earned a Bachelors of Science degree in Business Administration and a Masters degree in Communication. He has received rave reviews from his peers and his supervisors in Aurora. He will begin full time work in EMS as the EMS Manager on September 30, 2002. Mr. Rory Chetelat was applauded and welcomed to Clark County Health District.

Retirement/Recognition of LaRue Scull's 25 Years in EMS

Jane Shunney acknowledged LaRue Scull's 25+ years of service in EMS, on behalf of the EMS staff. She thanked LaRue for his support throughout the years and for sharing his EMS knowledge with her. In recognition of his services to EMS, LaRue was presented with a wall unit that had three gauges to measure temperature, humidity, and barometric pressure. The inscription read "LaRue Scull in appreciation for 25 years of dedicated commitment to EMS and the EMS system in Clark County."

Dr. Kwalick presented a plaque to LaRue on behalf of the District Board of Health, acknowledging LaRue's 25 years of service at Clark County Health District. The inscription read "Service Award presented to LaRue Scull in recognition of 25 years of service, Members of the District Board of Health, Donald S.Kwalick, MD, MPH, Chief Health Officer".

LaRue gave a brief speech expressing gratitude for the honors. He recognized the provider services, fire departments, private ambulance companies, volunteer ambulance services, paramedics, and training centers for all their support over the years, and wished them well. He thanked everyone for attending. LaRue introduced and acknowledged his wife Muff of 23 years.

I. CONSENT AGENDA:

A. Minutes Medical Advisory Board Meeting August 7, 2002

Dr. Davidson asked for a motion to approve the August MAB minutes. A motion was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION:

A. Request to Use ILS Ambulances for Bravo Level Calls

Dr. Han reported discussions took place at the Priority Dispatch Task Force meeting, regarding the use of ILS ambulances for BRAVO level calls. The committee medically endorsed the use of ILS staffed ambulances to run on ALPHA and BRAVO level responses with an endorsement from the AOC (Ambulance Oversight Committee) determining the system level.

Steve Peterson stated currently there is a disconnect between what the franchise ordinance for the various municipalities require of the agencies, federal Medicare reimbursement policy, and what Clark County Health District Regulations are facilitating. AMR (American Medical Response) has to bill for the level of service the patient needs at the time of the response. Therefore, ILS ambulances have been used for ALPHA level calls. AMR would like to have the ability to use ILS ambulances for BRAVO level calls because the level of service and the ability to bill is restricted under the priority dispatch to the BLS level.

Concerns were raised regarding the standard of care when ILS units respond to BRAVO level calls that require an ALS unit. ILS units are not equipped with the advanced equipment of an ALS unit.

A statement was made that the Priority Dispatch Task Force medically endorsed a policy that says with approval of the AOC (which is the final authority based on the franchise) an agency can staff ILS units if the system falls below "X" number, which will be defined by the AOC, and those units can only respond to ALPHA or BRAVO level calls. It is the intent of the task force to efficiently utilize resources when the system is working at capacity by minimizing transport times so that an ambulance may respond to a call immediately.

There is an average of approximately 10% of ALPHA level calls and 25% - 35% of BRAVO level calls

A suggestion was made to conduct a study and review the ALPHA and BRAVO level charts prior to implementing a new procedure.

A motion made to have ILS units respond to BRAVO level calls with the approval of the AOC. Motion was seconded and passed with 16 yes votes and 2 no votes.

A question was raised as to who makes up the composition of the AOC.

The response was the three fire chiefs; North Las Vegas Fire Department, Las Vegas Fire & Rescue and Clark County Fire Department.

A question was raised as to what was the vote of the Priority Dispatch Task Force regarding the endorsement to have ILS units respond to BRAVO level calls.

Dr. Han replied 7 yes, 1 no, and 1 abstained.

The next AOC meeting is scheduled for October 9, 2002 at 10:30 in the Government Building, 6th floor.

B. Procedure/Protocol Committee Report

Dr. Heck reported the Procedure/Protocol Committee would begin reviewing the current Protocol Manual. Currently there are two separate manuals, BLS/ILS and ALS. The goal is to combine these into one manual so that every protocol starts with BLS and ends with ALS. The committee will determine how to include the pediatric protocols; as side bars on each protocol or as a separate section. One age will be determined for all pediatric protocols. Type of format shall be determined; toolbox approach where there are several protocols that medics can choose from when they do an assessment, or an assessment based protocol, which for example; a patient is evaluated, and it is chest pain, suspected cardiac origin. The options are laid out as opposed to having medics pick and choose from the other protocols that exist. The committee was asked to have a working draft by January 2003.

C. Helicopter Medical Advisory Committee Report

Dr. Zbeigien reported issues discussed at the HMAAC Committee meeting were;

- Guidelines for the proper utilization of helicopters versus ground transportation in Clark County

The committee decided to review the guidelines used by the helicopter company, to retroactively review each transport, to determine if the transport was appropriate. The guidelines will be considered by the committee to see if the same standards can be utilized in Clark County.

- Review all Transports vs. Review/QA of Selected/Problematic Transports or Leave this QA/QI Issue to the QA Committee

It was decided that review of all transports would remain part of the current QA process unless there is an issue that requires involvement from HMAAC.

D. MAB Meeting Location and Time

Dr. Davidson stated it has been the tradition of many years that the MAB meets at 6:00PM in the Clemens Room. He suggested having the MAB meetings begin earlier than 6:00 PM. He asked for input from the group. A motion was made to change the meeting time of the MAB from 6:00 P.M. to 4:00 P.M. Motion was seconded and carried unanimously. The MAB will continue to meet at the Health District in the Clemens Room.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. ED Nurse Managers Report

Virginia Deleon reported the nurse managers met August 23, at Desert Springs Hospital and discussed at length the Legal 2000's. Scott Rolfe will give a presentation on the ER Technician job description. The next Nurse Managers meeting will be held at Siena Hospital, September 27, 2002.

B. QA Report

Tabled

C. ED Divert Statistics

Not Available

D. Emergency Room Tech Update

Scott Rolfe handed out a draft job description for the Emergency Department Technician, which was written by a committee that was appointed by Senator Ray Rawson's Legislative Committee on Health Care through the Nevada Hospital Association. Members of that committee consisted of people from Washoe County, and Clark County. In the process the meetings were pulled together as a response to the divert issue in Clark County looking at what can be done to assist with the nursing shortage in Nevada.

Statistics show that Nevada is 51st out of the 51 states and the District of Columbia with the number of nurses per population at 550/100,000, which should be at 880/100,000. Nevada's nursing schools graduate 300 RN's per year. To keep up with the population there should be at least 800 graduating per year. The good news is that over 90% of the nurses that graduate in Nevada, stay in Nevada.

Scott reported that Senator Rawson asked the committee to look at what could be done to assist the emergency departments in relieving the ambulances sitting in emergency rooms, so that they can get back onto the street. The committee was formed. Bill Welch, President of the Nevada Hospital Association asked Scott Rolfe to pull together a task force to develop a job description that could be a template for Nevada hospitals to use for a position in emergency departments that was not a nurse.

The first thing the committee looked at is what could be done legally in the state, both with the State Board of Nursing (NSBN) and with the EMS guidelines. It was discovered that paramedics or EMTs could not be used in the emergency rooms. Nurses have to be very careful about who they are delegating nursing activities to.

He did a search throughout the United States through Universal Health Consortium, looking for hospitals that used paramedics, EMT's and/or Emergency Department Technicians in their emergency departments. He received 50 job descriptions from all over the country. He merged those job descriptions together into the draft (draft is attached). The draft was taken to the second meeting with Nevada Hospital Association.

Discussions were held with the State Board of Nursing to determine with the scope of practice of an RN, what can't be delegated. This person by no means is a replacement for an RN. The NSBN is very stringent in what they allow Certified Nursing Assistants (CNA) to do. What is in the draft job description is outside of the CNA's scope of practice with the state of Nevada. The state has no problem with Emergency Room Technicians performing these duties as long as they are not hired as CNA's.

The hospital would be responsible for determining what Emergency Room Technicians are competent to do, such as duties listed in the job description; i.e., splint application, performing 12 lead ECG's, venipuncture. Those things would all have to be taught to these people, their competency would have to be tested and maintained by each individual facility.

It was concluded by the committee that no legislation had to be changed.

The Emergency Room Technician job description is a template for any hospital to use and it is up to each facility to move forward if they decide they would like to use it.

In the Emergency Nurses Association Position Summary it is very important that everyone understands that Emergency Room Technicians cannot perform nursing activities. The bolded statement under the Position Summary came directly out of the position statement by the Emergency Nurse Association of what this person would be allowed to do and what they cannot do. It reads "Nursing activities that include the core of the nursing process (assessment, diagnosis, outcome identification, planning and evaluation) and required specialized knowledge, judgment and/or skill should not be assigned to individuals who are not licensed to practice nursing (See list at end of job description). (National ENA, 1996)". On the second page there is a list of 17 items that this person cannot be assigned to do. An RN must perform these duties.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Rosin stated a proposal has been presented to Public Works for two mental health facilities. One proposal is for a 190-bed mental health facility to be built with 30 beds for emergency services. The second proposal is for a 150-bed mental health facility, which would be 120 beds and 30 beds for emergency services. He expects to hear from Public Works by mid-September 2002.

Questions were raised, does the proposal anticipate support of an operating budget or just bricks and mortar, and will the facility be prepared to do emergency assessments.

Dr. Rosin replied the operating budget for the inpatient hospital and the psychiatric services will match the current services and staffing for inpatient care and for the emergency services provided when patients are taken from the emergency rooms for the 72-hour period. If the legislature provides direction and funding, supporting services for emergency assessments, those services shall be provided. Medical clearance will not be a part of on site services and no pediatric facilities will be available.

Jane Shunney commented, the Mental Health Coalition pulled together by Sheriff Keller late last year, has continued to provide, through the help of the nurse managers, statistics from every emergency room, related to the mental health holds. These statistics are very impressive and being well received by legislative committee members, who have power to do some things through the legislature to effect finances. She asked nurse managers to continue to provide statistics, which will be presented to legislative committees through early spring, and hopefully it will make a fiscal impact for Dr. Rosin, the mental health people and emergency room occupancy.

V. ADJOURNMENT

As there was no further business, Dr. Davidson called for a motion to adjourn. The motion was seconded and carried unanimously to adjourn at 7:03 P.M.