

MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
DECEMBER 4, 2002 – 3:30P.M.

MEMBERS PRESENT

Allen Marino, M.D., St. Rose Siena Dominican Hospital	Asst. Chief Mike Myers, Las Vegas Fire & Rescue
Blain Claypool, Valley Hospital	Pam Turner, R.N. Valley Hospital Medical Center
David Daitch, D.O., Boulder City Hospital	Pete Carlo, EMT-P, Southwest Ambulance
David Watson, M.D., Sunrise Hospital	Philis Beilfuss, R.N., North Las Vegas Fire Department
Donald Kwalick, M.D., Clark County Health District	Chief Randy Howell, Henderson Fire Department
Donald Reisch, M.D., Desert Springs Hospital	Richard Henderson, M.D., St. Rose DeLima
E. P. Homansky, M.D., Valley Hospital	Steven Peterson, American Medical Response
Jeff Davidson, M.D., Chairman, Valley Hospital	Todd Jaynes, EMT-P, Mesquite Fire & Rescue
John J. Fildes, M.D., University Medical Center	
Jon Kingma, EMT-P, Boulder City Fire Department	
Michael Zbiegien, M.D., Sunrise Hospital	

ALTERNATES

Ed Matteson, Clark County Fire Department

MEMBERS ABSENT

Frank Pape, D.O., Summerlin Hospital	Timothy Vanduzer, M.D., Mountain View Hospital
Chief Steve Hanson, Clark County Fire Dept.	William Harrington, M.D., University Medical Center

CCHD STAFF PRESENT

Jane Shunney, R.N., Asst. to the Chief Health Officer	Michael MacQuarrie, EMS Field Representative
Jennifer Carter, Recording Secretary	Rae Pettie, Sr. Administrative Clerk
Joseph Heck, D.O., EMS Operations Medical Director	Rory Chetelat, EMS Manager
Mary Ellen Britt, R.N., QI Coordinator	

PUBLIC ATTENDANCE

Brent Hall, EMT-P, Clark County Fire Department	Mary Levy, RN, University Medical Center
Bryan Lungo, MD, University Medical Center	Missy Greenlee, RN, Mercy Air
David A. Rosin, MD, MHDS	Patti Glavan, RN, Boulder City Hospital
Helen Vos, RN, Mountain View Hospital	Steve Patraw, Boundtree Medical
James Osti, WestCare Nevada	Sue Hoppler, RN, Desert Springs Hospital
Jeff Greenlee, DO, University Medical Center	Syd Selitzky, EMT-P, Henderson Fire Department
Joseph Calise, RN, Summerlin Hospital	Virginia Deleon, RN, St. Rose Medical Center
Joseph Ruley, Montevista Hospital	

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The EMS Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:30 p.m. on Wednesday, March 5, 2003. The meeting was called to order by Chairman Jeff Davidson, M.D. He stated the Affidavit of Posting, Mailing of Agenda, and public notice of the meeting agenda were executed in accordance with the Nevada Open Meeting Law. Chairman Davidson noted that a quorum was present.

I. CONSENT AGENDA:

- A. Minutes Medical Advisory Board Meeting November 6, 2002
- B. Procedure/Protocol Committee to Review Nitroglycerin Protocol
- C. Drug/Device Committee to Review Petition for Addition of Flex-Guide ET Introducer

Chairman Davidson asked for a motion to approve the items on the Consent Agenda, including the October MAB minutes. A motion was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION:

A. Procedure Protocol Committee Report

1. Discussion of Protocol Manual Revisions

Dr. David Watson reported the Procedure/Protocol Committee members are going to provide three specific examples of an assessment type algorithm at the next meeting. At that time the committee will review the different examples to determine a format for the Protocol Manual.

2. Approval of Algorithm Format

Dr. Watson reported that the Procedure/Protocol Committee is reconsidering assessment-based guidelines with toolbox protocols and has rescinded the previously approved motion to use algorithmic assessment based guidelines.

3. Discussion of Potential Algorithm Topics

Dr. Watson reported the Procedure/Protocol Committee will recommend revisions to the current protocols based on future discussions.

B. Priority Dispatch Task Force Report

Brian Rogers reported the Priority Dispatch Task Force reviewed alpha and bravo level calls that would not be appropriate to send an ILS unit to and would always require an ALS unit response. Health District staff reviewed data received from AMR (American Medical Response) and SWA (Southwest Ambulance) and identified the codes with the most reoccurrence of Code 3 responses back to the hospitals. Based on the assessment conducted by the Health District staff, the types of calls reviewed by the task force were Seizures, Drownings, Fall/Back Injury, Heart Problems, Hemorrhage/Laceration, Overdose, Stab/Gunshot Wounds, Stroke and Traffic Accidents. Of these call types, the task force decided that ALS units would be dispatched for the following:

- 14B Drowning/Diving Accident
- 19B Heart Problem
- 23B Overdose Ingestional Error
- 27B Stab/Gunshot Wound
- 29B Traffic Accident - The initial response always has to be ALS. Once ALS arrives on scene they can coordinate and choose to have ILS backup based on the condition of the patient.

The task force made a motion to dispatch ALS units to all aforementioned calls. ILS units could be dispatched for all other bravo calls.

Chairman Davidson added all responding ILS trucks will be required to have an AED minimum.

Brian gave examples of select BRAVO calls that were identified by the Health District staff as responses that were returned to the hospitals Code 3 at a rate of 2% or higher.

- Card 19B Heart Problem – SWA reported 80 total calls from October 1, 2001 through September 30, 2002. One went back Code 3. The task force agreed ALS units should respond to these calls because any call that relates to chest or heart pain requires monitoring and assessment of the patient’s condition. AMR reported 415 calls, 335 times they transported non-emergency, 10 times they transported emergency.
- 28B Stroke – October 1, 2001 through September 30, 2002 SWA responded to two calls. Zero came back Code 3. AMR was on scene 29 times, and one came back Code 3. Due to the small number of Code 3 returns, the task force decided ILS units could respond to these calls.

Chairman Davidson stated the task force and the transport agencies carefully reviewed each call to determine ILS or ALS responses.

Dr. Henderson raised a concern regarding code 12B Seizure, when it has not been confirmed that the patient is breathing regularly. He felt that could easily be misdiagnosed and could potentially be a cardiac arrest patient. He made a motion for an amendment, to change 12B Seizure from ILS to ALS response. The motion was seconded.

17B, 21B 30B, and 32B were considered, however due to low percentage of code 3 returns to the hospital the committee members felt comfortable allowing an ILS response. Brian added there will be a QA/QI component developed to evaluate the decisions that were made.

After much discussion a motion was made to allow ILS units respond to all bravo calls with the exception of 12B, 14B, 19B, 23B, 27B and 29B. The motion was seconded and passed with 21 yes votes and 1 abstained.

A motion was made to make this effective February 1, 2003. The motion was seconded and passed unanimously.

C. Divert Task Force Report

Dr. Davidson reported the Divert Task Force discussed drop off times at length. He referenced the drop time data previously provided to the MAB by Dr. Heck. From April 2001 to September 2001 as compared to 2002, which is when the closure system changed, plus or minus a few hundred patients, the hospital volumes had no dramatic shifts or changes. However, drop times increased gradually.

SUMMARY OF SYSTEM-WIDE DROP TIME DATA				
Year	< 30 Minutes (Average)	30-60 Minutes (Average)	60-120 Minutes (Average)	> 2 Hours (Average)
2001	53%	40%	5%	.5%
2002	47.5%	44%	7.5 – 8%	.75%

Discussions took place in the task force regarding alternate destinations. An idea of transporting to quick cares was offered.

Dr. Homansky stated he would have expected an increase in transports with the population increase. He questioned if people are refraining from calling 911 because of the overcrowding in the Eds.

Dr. Heck commented the data he submitted was received from AMR, SWA and Las Vegas Fire and Rescue, comparing those two timeframes in those two years. And the system transport volume shifted by no more than 500 patients total per month. Therefore, one month in one year might have been 7500; it might have been 7900 or 7800 the next year, but no more than 500 patients per month.

Dr. Homansky asked was the shift always up.

Dr. Heck replied, no, it was less in 2002 than it was in 2001.

Brian Rogers commented when divert gets really bad paramedics try to fix the system and transport rates go down.

Blaine Claypool stated the facilities have encountered a dramatic increase in volume of psychiatric patients from 2001 to 2002 some of which are also transported by ambulance and could be impacting drop times since an increase in the volume of psychiatric patients being held in the ED decreases the capacity of all emergency departments.

Chairman Davidson reported the Divert Task Force would like to have FAB and/or CCHD consider exploring the possibilities of alternative destinations during peak times, and have the facilities give an update on whether they have considered implementing the idea of hiring ED Technicians.

Blaine Claypool announced the FAB is scheduled to meet Wednesday, December 11 and he would bring those two issues to the FAB.

Chairman Davidson reported the Divert Task Force will be reorganized to include nurse managers as voting members.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. ED Nurse Managers Report

Pam Turner reported the ED Nurse Managers met Tuesday, December 3, 2002 at Valley Hospital. Representatives from West Care attended the meeting and gave an update on the HOPE Program, which is a homeless outreach research pilot. A crisis treatment team, consisting of a mental health counselor, a substance counselor and a case manager has been created. The team will assess in the emergency department and treat homeless patients for a two-year time period. The patients will be required to receive medical clearance prior to the assessment team being contacted.

Discussions took place at the Nurse Managers meeting regarding WestCare and the development of the Crisis Treatment Center that is currently in progress. The Southern Nevada Coalition has approved the proposal. Each city and county agency will present the proposal to their perspective government agencies for approval. The proposed budget is for \$1.4 million. Proposed funding is from the city, county, and hospitals. The funding would include a transportation team and staff to complete medical clearance on site. The expectation is to alleviate 6,000 patients per year that are currently being seen in the emergency departments in Clark County. This will be accomplished with a four-part diversion plan. The rollout should occur in the first quarter of 2003.

Jane Shunney attended the meeting and gave an update on Small Pox. The CDC (Center for Disease Control) has required plans for communities that consist of three phases. Phase 1 is for the hospital emergency department staff to receive the immunization; Phase 2 will expand immunizations to other hospital staff and the EMS community; Phase 3 will be to immunize the entire population. The vaccination is voluntary.

B. QA Report

No report this month.

C. ED Divert Statistics

Included in packet.

D. Discussion of January MAB Meeting

A motion was made to cancel the January MAB meeting. The motion was seconded and passed unanimously.

The next meeting will be February 5, 2003.

Todd Jaynes gave an update on the Mesquite pilot project. There has been a reduction in the number of AMA's (Against Medical Advice) as a result of patients being given the option to be transported to Mesquite Medical Associates. Mesquite Fire & Rescue is submitting monthly reports to the EMS office.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No Response

V. **ADJOURNMENT**

As there was no further business, Chairman Davidson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 4:14 P.M.