MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
MARCH 5, 2003 – 3:30P.M.

MEMBERS PRESENT

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

ALTERNATES

Carl Nelson, Clark County Fire Department
Scott Rolfe, University Medical Center, ED Nurse Mgr. Rep.

MEMBERS ABSENT

Bryan Lungo, M.D., University Medical Center
Chief Steve Hanson, Clark County Fire Dept.
Timothy Vanduzer, M.D., Mountain View Hospital
Todd Jaynes, EMT-P, Mesquite Fire & Rescue

CCHD STAFF PRESENT

Jane Shunney, RN, Asst. to the Chief Health Officer
Jennifer Carter, Recording Secretary
Mary Ellen Britt, RN, QI Coordinator
Michael MacQuarrie, EMS Field Representative
Rae Pettie, Sr. Administrative Clerk
Rory Chetelat, EMS Manager

PUBLIC ATTENDANCE

Alice Conroy, RN, Sunrise Hospital
Callie Taylor, VHMC
Carl Nelson, CCFD
Dale Carrison, DO, UMC
David A. Rosin, MD, MHDS
David Nehrbass, AMR
Don Hales, AMR
Ed Matteson, CCFD
Gerry Hart, AMR
Jackie Mador, UMC
James Osti, WestCare Nevada
Kathy Kopka, Sunrise Hospital
Ken Taylor, LVFR
Mary Jo Solon, Southern Hills
Pam Turner, RN, VHMC
Rick Resnick, Mesquite Fire & Rescue
Sandy Young, RN, LVFR
Shawn White, HFD
Steve Kramer, AMR
Virginia Deleon, RN, St. Rose Medical Center

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:

Minutes Medical Advisory Board Meeting February 5, 2003

Chairman Davidson asked for a motion to approve the February 5, 2003 meeting minutes. A motion was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION:

1. Airway Management Task Force Report

   Development of ET Introducer Educational Program

   Dr. Watson reported the Airway Management Task Force met at 2:30 p.m. in the Clemens room, March 5, 2003. He mentioned Dr. Slattery put together a Powerpoint presentation, which is going to be used for educating the paramedics. The training process would require one hour to go through the presentation, lecture, practicing the technique, advancing the tube, and trying different airways on a mannequin. The educational component will be prepared within a week. Ninety days after the education is completed the Flex-Guide Intubating Stylet Protocol will be effective.

2. Divert Task Force Report

   Discussion of Language for Operational Protocol for Legal 2000 Divert

   Chairman Davidson reported the Divert Task Force met at 1:30 p.m. in the Clemens room, March 5, 2003. The purpose of the meeting was to define universal language for the Legal 2000 (L2K) Divert Operations Protocol. The task force reviewed and addressed a list of six components related to L2K holds and reporting issues.

   The components addressed, and the decisions approved by the task force are as follows:

   1. Who is an EMS L2K patient?
      A patient, for whom the front side of a L2K form is complete, will go to the closest open facility, per patient request, or in rotation.
   2. Who is a hospital L2K hold patient?
      A patient, for whom the front and backsides of the L2K form is complete prior to transport, and is awaiting transfer to another facility.
   3. Reporting
      Each hospital is responsible to report an accurate count of Legal 2000 patients to AMR as they change within the hospital.
   4. Capacity
      All facilities are asked to maintain five L2K patients, before going on diversion, for the 30-day trial period.
   5. EMS Rotation
      When all facilities are full an East-West rotation will continue for 30 days, as recommended by the provider agencies.
   6. Review and Reporting Mechanism
      In 30 days the Divert Task Force will report on L2K data, collected in March

   With regard to component #4, Chairman Davidson mentioned the Divert Task Force is requesting the Facilities Advisory Board (FAB) and the Emergency Department (ED) Nurse Managers arrange to meet

during the month of March and provide recommendations to the Divert Committee within 30 days, regarding the number of L2K patients each facility could hold based on hospital size.

Chairman Davidson opened the table for discussion.

Blaine Claypool, Valley Hospital, stressed there was significant discussion at the FAB prior to adopting the five L2K patients per hospital diversion plan, however, he is prepared to take the issue back to the FAB for more discussion as the Divert Task Force has requested.

Rory Chetelat, EMS Manager, suggested the FAB wait for at least 30 days to convene; after 30 days of data has been collected and consolidated to provide an evaluation mechanism for the FAB, which would assist the committee members in their assessment.

A request was made to have the FAB meet prior to the April 2, 2003 MAB meeting. Blaine replied the FAB would be willing to meet as soon as the data is available. Without adequate data to assess the effectiveness of the L2K Divert Protocol, the FAB would have no basis for making a decision.

Chairman Davidson made a motion to approve the above-mentioned recommendations of the Divert Task Force. The motion was seconded and passed unanimously.

3. Update on Trial Protocols

Rory reported the data received was limited. There was not enough data received to report on; however there have been issues with facilities and provider agencies that were resolved on an individual basis, through the Health District. He asked that the transport agencies and facilities continue to work together, utilizing the Patient Transfer to Receiving Facility (PTRF) and L2K Divert protocols to avoid system overload.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Update for Community Triage Center

Jim Osti, WestCare, noted an interim 50-bed Community Triage Center (CTC) is currently open to the public, and has been operational for a month. The project that prompted the opening of this center was started several years ago in an effort to help relieve overcrowding of local emergency rooms and detention centers, by diverting individuals with substance abuse and mental health crisis, to more suitable treatment. In the past month since the center became operational, the high census day was 48 patients, low census day was 28. Operations of the facility are over 50% capacity upwards to nearly 100%. The facility is open twenty-four hours per day, seven days per week.

Mr. Osti distributed a packet containing a cover sheet that list the main phone number to the center, which is 383-4044. Requests for patient transfers, using the CTC transportation system, should come through this number. The CTC transportation system is staffed with two full-time transport teams, twenty-four hours per day. Transport teams respond within thirty minutes after a call is received for patient assistance, and in most cases the teams are enroute immediately.

The CTC has received a commitment from professional medical staff, Jim pointed out, that beginning April 1, 2003, they would be able to process a full medical clearance on any individual.

Several requests from the facilities, regarding what types of patients can be sent to the CTC, have been made, according to Mr. Osti. He explained that West Care is currently working with the legislature to expand SB-94, which is the senate bill that looks at the diversion of individuals by EMS, and by the police, to a facility such as the CTC. SB-94 was in the legislative committee this week, and he reported, the legislators favorably received the proposed expansion, and it is moving forward. This will allow the diversion of individuals, with substance abuse problems as well as alcohol problems, to the CTC. There will also be a provision in the bill, to allow individuals with mental health problems to be diverted as well.

Discussions are being held regarding the processing of L2K patients at the CTC; Mr. Osti continued to report. CTC has employed licensed mental health staff that will be available on an extended rotation. So an individual presenting to the CTC as a voluntary client, who exhibits imminent harm to themselves or to others, could be

formed. In those particular cases, help would be required of the police and/or EMS, to get those patients to an appropriate facility, in a crisis situation.

Numerous discussions have taken place regarding how the CTC would handle L2K patients once they have been formed in the ED's, Mr. Osti declared. While a determination has not yet been made on that issue the goal is to eventually be able to move those individuals out of emergency rooms prior to them going to a facility such as Southern Nevada Mental Health. Consideration is being given to the idea of owning multiple licenses, to handle individuals in crisis.

In response to the question, can prescriptions be filled at the CTC, Mr. Osti replied, yes.

A question was raised as to the level of training of the CTC transportation personnel.

Mr. Osti explained that based on the referral information received from the caller, regarding the patient's needs, CTC would dispatch teams accordingly. Transport teams include a driver, a client technician (someone that is handling safety and security), an EMT, and nursing personnel. On rare occasions a licensed social worker or marriage and family therapist may go out to do a crisis assessment. So part of the response is giving appropriate information as to what kind of condition the individual is in, and that would determine how CTC transport responds.

A question was raised regarding the funding sources for this project.

Mr. Osti affirmed there are three primary groups of money. The cities and the county arranged an inter-local agreement to provide one third of the funding on an annual basis. The hospitals, on a donation basis, are coming up with one third of the funding, and WestCare is matching those thirds with state, federal and local monies. So it is a real cooperative effort from the entire community.

A question was asked if WestCare would be able to take minors.

Mr. Osti responded that issue would have to be taken back to the committee for discussion. There is some difficulty about transporting minors because of the consent issue. However, he mentioned, there is a youth shelter at the CTC that children could be referred to.

A request was made to have WestCare provide information on how their program impacts diversion, community-wide.

Mr. Osti pointed out that the CTC is contracting with UNLV to provide an evaluation of this particular project, and the expectation is UNLV will get support from a variety of resources such as the Health District and Southern Nevada Mental Health in obtaining statistics to use for reporting purposes.

Mr. Osti will provide updates to the MAB on a monthly basis.

B. FAB Report

Mr. Claypool reported there was a lot of discussion on the PTRF and L2K Divert protocols at the last FAB meeting. The FAB agreed to put the protocols into practice for 90 days and asked that the Health District track the progress of the effectiveness of each protocol, and provide quantifiable information to the FAB for evaluation. He said from a facility standpoint, he thinks it has worked fairly well, and he has heard similar reports from some of his counterparts. He mentioned, on behalf of the FAB members, there was concern expressed at the FAB meeting that the FAB would like to be involved more on the front side of decisions regarding protocols that would affect the facilities. The FAB requested a 90-day evaluation on the tracking of the information.

C. ED Nurse Managers Report

Scott Rolfe reported the nurse managers met at Lake Mead Hospital, Feb. 28, 2003. Christopher Lake from the Nevada Hospital Association gave a presentation on emergency preparedness. Lengthy discussion took place regarding the L2K Divert Protocol. The group also discussed the 60-minute drop time and felt that none of the hospitals had much of an issue; it was going relatively smooth. He stated, as Rory said earlier, as issues came up they have been individually addressed. A meeting is scheduled for March 28, 2003 which will be hosted by the Health District, and all of the police agencies from everywhere in the county, including the detention centers, Boulder City, Henderson, will be invited to attend the meeting to have a discussion about L2K patients. The

intent of the meeting is to gain perceptions, of the police officers; on the L2K patients that they process in the field, and have the police officers understand what happens from a facility standpoint, when they bring the patient to a facility.

D. QA Report

Chairman Davidson reported, on Dr. Slattery's behalf, work is continuing on the clinical performance measures of the critical and trauma time intervals, the facility cardiac arrest survival rates, and the community CPR at the AED rates. He said Dr. Slattery asked everyone to remember that every third Friday of the month at 8:00 a.m. there is a trauma case review at the UMC Trauma Center.

E. ED Divert Statistics

Chairman Davidson noted the ED statistics were included in the packets and commented there is continued success, as most facilities are staying open. He mentioned there would be a reevaluation of the structuring of zones, and the closure protocol, in the near future.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Berliner, Medical Director, Health Insight, and Executive Director, Nevadans for Antibiotic Awareness, announced the Antibiotic Awareness campaign has been operational for 1½ year, and it is going very well. He denoted all the primary care physicians in the state, which includes ED doctors, family practice, internal medicine, OB/GYN, and pediatricians, received a second physician education packet, which contains protocols for the various viral diseases that are currently treated with antibiotics. In the past year, for every quarter, compared to the year before, there has been a decrease in the number of scripts written for the three major managed care organizations, for which data is available, which covers about 400,000 lives. He pointed out that is a pretty good indication. Cipro is now an endangered species; it is becoming ineffective, and that is apparent with other drugs as well.

Dr. Berliner said the campaign would continue. He provided complimentary posters to be posted in ED's and physician's offices etc. The posters are available in English and Spanish. He also provided a supply of complimentary bookmarks and brochures.

Dr. Berliner proclaimed a new prescription pad is currently being designed, and will be available by summer of 2003, that the physician can just sign and check off, i.e., this child has a URI, doesn't need antibiotics, and can go back to school. The backside of the prescription will have indications for antibiotic use, for the parents to review.

Jane Shunney reported on the suicide incident, which occurred, as a result of the ingestion of the biological toxin, Ricin, at Valley Hospital. She gave a brief explanation of the chain of events that lead up to the closure of Valley Hospital and University Medical Center (UMC) EDs. An emergency meeting was called at the Emergency Operation Center, which included Public Information Officer's from metro, county, fire departments, the Health District, and the FBI. At approx. 4:15 a.m. the situation was contained at which time UMC opened their emergency department. There was a debriefing of the incident held Wednesday, March 5, by Metro Police Department, in the Clemens Room at which time specific details of the incident were disclosed, and much dialogue occurred between representatives within the community.

Dr. Dale Carrison, UMC, commented further on the debriefing of the incident. He pointed out the educational process regarding paramedics, police and fire department personnel needs to be enhanced. He said Dr. Kwalick talked about the role of the Health District and who can shut things down. Nobody knew who closed the Valley Hospital ED initially, but it was later revealed that Metro was responsible for closing Valley Hospitals' ED. It was unclear as to whether the reason for the closure was quarantine, a case of contamination, or a contagious element.

Dr. Carrison said it was determined, in the debriefing, that 1-1½ hours could have been conserved with effective communication. While two of the major hospitals in the valley were shut down, none of the other hospitals were aware of it. The other hospitals began receiving traffic that would have normally gone to UMC and Valley and the other hospitals did not know the reason for the traffic overflow.

Another issue discussed, Dr. Carrison proceeded, was when are scenarios practiced, Monday through Friday, 9 to 5? Since this incident did not happen during those hours it became apparent that when incidents occur during off hours there is a different kind of response. He said it was also determined that there was not good utilization of the resources that are available in this community. Every facility was calling a toxicologist some place; and there is a

toxicologist available 24/7 in the valley. He mentioned there were individuals in the community who felt the medical community was initially overlooked, except when the overflow of patients arrived at the ED's. He felt the medical community and the resources available could have been notified sooner, in an effort to collaboratively apply appropriate, effective, and an efficient assessment of the substance.

Dr. Carrison indicated if a fireman on a HAZMAT team realizes he is contaminated, the first instinct would be to go to the ED. Whereas, a more suitable choice would be to get decontaminated, then go to the ED, in an effort to keep the ED's from becoming overburdened.

Dr. Kwalick added the incident revealed the fact that there is an available presumptive test for Ricin, which the suited up HAZMAT team could have used but did not. Had the HAZMAT team tested for Ricin, even though the presumptive test is only 90% accurate, if it were positive, we would have known earlier. Compensatory testing in any case would still have to be sent to Reno or the Center for Disease Control. The plan is to have the capability to provide presumptive testing at the CCHD Public Health Laboratory, which is scheduled to open early August 2003. He commented it was a good exercise.

Mr. Claypool acknowledged from a Valley Hospital standpoint, the hospital staff learned a lot, and he felt all the work invested, to date, has paid off. He recognized Pam Turner for her exceptional leadership in handling the situation at Valley Hospital.

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 4:33 P.M.