

MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
AUGUST 6, 2003 – 3:30P.M.

MEMBERS PRESENT

Allen Marino, M.D., St. Rose Siena Dominican Hospital	Kurt Williams, American Medical Response
David Daitch, D.O., Boulder City Hospital	Asst. Chief Mike Myers, Las Vegas Fire & Rescue
David A. Rosin, M.D., Mental Health & Development Svcs.	Philis Beilfuss, R.N., North Las Vegas Fire Department
David Watson, M.D., Sunrise Hospital	Rick Resnick, Mesquite Fire & Rescue
Donald Kwalick, M.D., Clark County Health District	Sam Kaufman, FAB Representative
E. P. Homansky, M.D., Valley Hospital	Chief Steve Hanson, Clark County Fire Dept.
Jeff Davidson, M.D., Chairman, Valley Hospital	Virginia Deleon, St. Rose De Lima Hospital, Nurse Manager
John J. Fildes, M.D., University Medical Center	William Harrington, M.D., University Medical Center
Jon Kingma, EMT-P, Boulder City Fire Department	

ALTERNATES

Aaron Harvey, Henderson Fire Department
Brian Rogers, Southwest Ambulance
Tim Crowley, Las Vegas Fire & Rescue

MEMBERS ABSENT

Darrin Houston, D.O., Lake Mead Hospital	Pete Carlo, EMT-P, Southwest Ambulance
Donald Reisch, M.D., Desert Springs Hospital	Division Chief Randy Howell, Henderson Fire Department
Frank Pape, D.O., Summerlin Hospital	Richard Henderson, M.D., St. Rose DeLima
Michael Zbiegien, M.D., Pediatric Representative	Timothy Vanduzer, M.D., Mountain View Hospital

CCHD STAFF PRESENT

David Slattery, MD, EMS Assistant Medical Director	Mary Ellen Britt, QA Coordinator
Jane Shunney, Asst. to the Chief Health Officer	Rae Pettie, Sr. Administrative Asst.
Jennifer Carter, Recording Secretary	Rory Chetelat, EMS Manager
Joseph Heck, MD, EMS Operations Medical Director	

PUBLIC ATTENDANCE

Brent Hall, CCFD	Pam Turner, R.N., Valley Hospital
Bryon Moore, Revivant	Patti Glavan, BCH
Davette Shea, WestCare Nevada	Sam Wilson, SMS
J. B. Lungo, M.D., UMC	Sandy Young, LVF&R
Jackie Mador, Summerlin Hospital	Scott Rolfe, R.N., Spring Valley Hospital
Jay G. Craddock, NLVFD	Scott Vivier, HFD
Jim Osti, WestCare Nevada	Steven Kramer, AMR
Marci Krieger, R.N., Lake Mead Hospital	Sydney Seutzky, HFD
Nancy Harland, Sunrise Hospital	Todd Rush, CTC
Natalie Seaber, Mountain View 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 3:40 p.m. on Wednesday, August 6, 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 June 4, 2003
- B. Drug Device Committee to Review Petition for Las Vegas Fire & Rescue Pilot of AutoPulse Device

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

II. REPORT/DISCUSSION/POSSIBLE ACTION:

A. Procedure/Protocol Committee Report

- 1. Review of Draft Revision to Procedure for Chronic Public Inebriate Operations Protocol

Dr. David Watson, Sunrise Hospital, reported the Procedure/Protocol Committee reviewed the draft Emergency Medical Services Procedure for Chronic Public Inebriate Operations Protocol. The committee recommended submission of the draft to the Medical Advisory Board (MAB) for endorsement. Dr. Watson made a motion to endorse the Draft Revision of the Procedure for Chronic Public Inebriate Operations Protocol. The motion was seconded and passed unanimously.

- 2. Review of Draft Protocol Manual

Dr. Watson reported the committee reviewed the format and the ordering structure of the draft protocol manual and agreed on both. The goal of the committee is to proceed with content review and to have the protocol manual finalized by January 2004.

B. Divert Task Force Report

- 1. Discussion of A, B & C Regions with the Addition of Spring Valley Hospital

Chairman Davidson reported the Divert Task Force submitted a recommendation to the MAB, June 2003, to add Spring Valley Hospital to region "A" which would place five hospitals in region "A" with two facilities being allowed to close at one time. The MAB endorsed the recommendation from the Divert Task Force. The MAB endorsement was submitted to the FAB for consideration. On July 2, 2003 the Facilities Advisory Board (FAB) proposed adding Spring Valley Hospital to region "C", and allowing only one facility to close in a region at one time. The Divert committee discussed the proposal from the FAB and agreed to the proposal. Chairman Davidson made a motion to add Spring Valley Hospital, when it opens October 1, 2003, to region "C" allowing one facility in each region to close at a time. The motion was seconded and passed unanimously.

- 2. Discussion of Drop Time Issues

Chairman Davidson reported the Divert Task Force discussed drop time issues at length. The transport agencies indicated drop times have increased. He mentioned Dr. Joseph Heck, CCHD Medical Director, and Rory Chetelat, EMS Manager, would present ideas on how to approach the drop time issue to the Divert Task Force at the September 2003 meeting. Legal 2000 (L2K) holds are a big concern with relation to drop times, Chairman Davidson continued. He mentioned there was an agreement that the transport agencies would use a 1-9 citywide rotation of L2K patients when all facilities are at five L2K patients, with the caveat that the transfer of care from the ambulance provider to the facility occurs in less than 45 minutes. The agreement was put forth to the MAB in the form of a motion and the MAB endorsed it. It appears the facilities are missing the 45-minute goal by several hours. He asked the nurse managers to remind hospital administrators to honor the Legal 2000 Divert Operations Protocol, which went into effect May 12, 2003. He also asked that the transport agencies communicate any reoccurring issues with the ED nurse

manager/director of the facility at the time the issues arise and not wait until the next scheduled MAB meeting to address those concerns. He suggested when wait times exceed one hour, and the transport agencies are at system zero, and the providers have to leave L2K patients as a result, that the provider communicates with the nurse manager/director of that facility. He said he felt that is the quickest way to get a short-term solution on a case-by-case basis.

Chairman Davidson mentioned the Divert Task Force discussed the alignment of the designated regions when Southern Hills opens in February 2004. The Task Force will review transport data that is being prepared by Sandy Young at the September 2003 meeting. He asked the group to think about whether the regions should be expanded to include a fourth region, i.e.:

Region A:

Mountain View Hospital
Summerlin Hospital
Spring Valley Hospital
Southern Hills Hospital

Region B:

Valley Hospital Medical Center
University Medical Center

Region C:

Desert Springs Hospital
Lake Mead Hospital Medical Center
Sunrise Hospital and Medical Center

Region D:

St. Rose de Lima Campus
St. Rose Siena Campus

Or should there be an east/west boundary line using the I-15 as a natural dividing ground. This alignment would allow for five facilities on the west side of the I-15 and six facilities on the west side. Only one facility would be allowed to close on each side at one time.

He pointed out that when patients are diverted to a non-provider facility for a specific health plan, it creates a billing problem for the patient and the transport agency. Therefore, he mentioned, future closure planning should include some type of documentation to protect the patient and assist with billing issues.

A suggestion from the board was to request input from and invite some of the major managed care plan representatives to one of the Divert Task Force meetings.

Chairman Davidson introduced Sam Kaufman, COO, Desert Springs Hospital, who will be sitting on the MAB as the new FAB representative, and Kurt Williams the new Vice President of Operations at American Medical Response.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Facilities Advisory Board Report

Sam Kaufman reported there were three major issues discussed at the July 2, 2003 FAB meeting. The first issue dealt with L2K holds. There has been a tremendous amount of controversy between the larger hospitals and the smaller hospitals regarding L2K holds. The FAB voted unanimously to establish a Blue Ribbon Task Force to look further into the L2K holds, and to maintain the current level-loading plan of five L2K patients per facility.

The second issue discussed was the triage guidelines, and a motion was made and passed to adopt the Triage Guidelines that the emergency department (ED) nurse managers put forth, with the deletion of language in roman numeral III which read, "The triage RN or designee will have the discretion to remove the IV or cardiac monitor based upon the assessment".

The third issue dealt with adding Spring Valley Hospital to region C. The FAB voted unanimously to add Spring Valley Hospital to region C temporarily until Southern Hills Hospital opens.

B. Update on Trial Protocols
Legal 2000 Divert Protocol

No report.

C. Update for Community Triage Center (CTC)

Jim Osti, Senior Director, CTC, reported the CTC had 37 admissions in the month of July, directly from EMS to the CTC. There is an expectation that the number of admissions will increase with the liberalization of the Procedure for Chronic Public Inebriate Operations Protocol. The CTC has had nearly 500 total admissions for the month of July. Transports from facilities are on the increase. The CTC is currently at 155 transports from hospitals directly to the CTC. He mentioned the CTC is continuing to conduct in-services with each of the facilities.

Mr. Osti presented WestCare posters to the group for anyone interested in displaying them.

D. ED Nurse Managers Report

Virginia Deleon, Nurse Manager, St. Rose Dominican Hospital, reported the nurse managers met at Monte Vista, July 25, 2003. Clark County Fire gave an update on upcoming disaster drills. The annual McCarran drill is scheduled for October 22, 2003 at McCarran. She mentioned facilities were asked to provide a number of patients they would like to receive during the drill. The Department of Defense is having a communication drill August 18 – 21. The primary communication test will be with First Responders. Discussion took place regarding the EMSsystem and obtaining the ability to enter comments into the comments field. The nurse managers plan to invite Mike Meyers to the next meeting to provide an update.

Mike Myers, Assistant Fire Chief, Las Vegas Fire & Rescue, revealed the comments field of the EMSsystem was being misused by a facility, which prompted the decision to eliminate the ability to enter comments into the comments field. He mentioned if everyone agrees to utilize the comments field appropriately, consideration would be given to adding the feature back in.

Ms Deleon mentioned the nurse managers discussed various ways to implement passwords for the EMSsystem and would like to share those ideas with Mike Myers and get his input. Ms. Deleon further reported each facility gave an update on their expansions and the new hospital openings, the triage guidelines were discussed, and there was an update given on WestCare.

E. QA Report

Dr. David Slattery, EMS Assistant Medical Director, CCHD, reported the QI Committee met June 17, 2003. The committee is continuing to work on Clinical Performance Measures; trauma, cardiac arrest success rate in the valley, and AED and CPR bystander use. The educational component for the Flex-Guide™ ET Introducer is being used to educate paramedics, and paramedics are beginning to use the Flex-Guide on patients with difficult airways. He mentioned the committee would be considering a QA project to QA the utilization of the Flex-Guide.

F. ED Divert Statistics

ED Divert Statistics were available in the packets and as handouts.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Jane Shunney, Assistant to the Chief Health Officer, CCHD, announced Determined Promise is a large exercise that is going to be executed August 18 through August 29, 2003. It is the largest exercise ever conducted in the United States. After the September 11 tragedy, a Northern Command was formed, and their responsibility is to give civil support during a time of disaster, whether it is national, terrorist, or a natural kind of event, that would occur in the United States. This exercise is to test the capacity of the Northern Command to respond to areas with civil support. The exercise covers twelve different sites in the country that have disasters occurring, simultaneously, within the two weeks time period. Nevada was selected to be one of the participants because there are limited resources available in the state. Resources in Nevada would be rapidly depleted, so that brings Northern Command on scene to take care of the needs of the people in the state of Nevada. It was not initially planned to have hospital involvement in the exercise therefore the hospitals are not participating. Much of the exercise is on paper since it involves a biological agent. Clark County Health District is responsible, as the lead agency in the community, for responding to a biological event. The Health District has objectives to meet during this exercise therefore the Health District will be testing its capacity to respond and to handle a major event within the community. It is a privilege for Nevada to be

involved in this exercise, Mrs. Shunney continued, because some of what is going to come out of this exercise will be models for the rest of the country.

On behalf of Dr. Jim Christensen, Vice Chairman, CCHD Board of Health, Rory Chetelat announced, while visiting San Diego, Dr. Christensen heard some great public safety announcements with relation to the proper use of the 911 system. Mr. Chetelat informed the facilities and provider agencies that a Health District representative might be visiting all the hospitals and provider agencies to solicit contributions toward valley-wide public safety announcements on the proper use of the 911 system.

Dr. David Rosin, State Medical Director, Southern Nevada Adult Mental Health Services, mentioned the Crisis Intervention Team (CIT) training that is in progress for law enforcement officers. The training educates law enforcement officers on mental health individuals and how to identify appropriate people for WestCare. While on a ride-along he said he received feedback from the CIT group that there was some growing tension between the trained CIT officers and the fire departments and transport agencies. He pointed out that as the law enforcement officers become educated on how to appropriately handle L2K patients and appropriately identify WestCare patients, it would be beneficial for the EDs, fire departments, and transport agencies. He encouraged everyone to be considerate of one another and work together as a team.

The state received funding and Dr. Rosin expressed gratitude to the members of the MAB and ED physicians who testified for and supported the funding. He noted the mental health system in Las Vegas received a 33.8% increase in funding with no budget cuts. Emergency services will be expanded in October; the 20-bed unit will be expanded to 26 beds; hospital size will be increased from 68 to 78 beds; and funding was also received to put a second Program for Community Treatment (PCT) team on the streets. The PCT program is for people who are frequent customers in the system. The PCT team consists of doctors, nurses, social workers, and case managers that go out to the community. This second PCT team will handle 72 people in the homeless quarter, Dr. Rosin continued. The PCT team is on call 24 hours per day and will go out to the EDs and take care of their people. They go anywhere in Clark County.

Funding was also received to start a State Mobile Crisis Team. Dr. Rosin indicated this may not be of interest to the MAB, however it is a step in the right direction, and hopefully in the next two years data will be gathered so a full crisis response team may be brought on board. The team would be started with 5-6 social workers and provide 24/7 coverage to the EDs to try to assist in disposition of people. At this point there is no funding for psychiatrist to come with that group, Dr. Rosin explained, however over the next two years work can be done to arrive to a temporary solution.

Funding was received for the 150-bed hospital, Dr. Rosin announced. Architects have begun working, using the model of the state-of-the-art facility that was previously constructed, and opened September 12, 2002. The new hospital is targeted to open September 2006.

Bryon Moore, Revivant Resuscitation Redefined, gave a demonstration of the AutoPulse device in an effort to help facilitate the implementation of the device in the future. He stated there are several providers in Clark County that would like to put the device out on a trial basis. The device in itself will treat patients in cardiac arrest. A description of the device is as follows:

The AutoPulse Resuscitation System from Revivant is a new device that deploys in seconds to provide automated chest compressions at a consistent rate and depth and standard duty cycle during CPR. In 2001, the FDA cleared the use of the AutoPulse Resuscitation System as an adjunct to manual CPR for commercial distributions.

The AutoPulse system is a portable, automated chest compression device intended for use as an adjunct to manual cardiopulmonary resuscitation in the adult traumatic cardiac arrest population. The AutoPulse Resuscitation System offers a more efficient method of generating chest compression during CPR, and results from recent studies provide evidence of the improvement in blood flow when the AutoPulse is used compared to conventional CPR.

The device consists of a single, integrated platform that contains a microprocessor-based control system, an electromechanical drive system, and a user interface panel. A single-patient-use chest compression assembly provides pre-programmed compressions to the patient's chest.

In addition, the AutoPulse system has been specially designed to be:

- Rapidly deployable in the field
- Automatically adjustable to the patient
- Practical for rescuers of all skill levels

The platform costs \$9000.00. Mr. Moore explained there was a 35-patient study performed with 16 enrollments in Brazil. The study was on hemodynamics and results indicated it generated 277% of a baseline flow as compared to manual CPR. The second study was measured in porcine models from John Hopkins University. There were two arms of the study. One was on basic life support, and the other was ALS with the addition of epinephrine. Pigs were put in VF, and no CPR for six minutes. Then the device was put on the pigs and operated. With the device pre-arrest flow levels to the heart was generate on those 20 pigs. Flow levels were measured with neutron-activated micro spheres. The pigs were time stamped with radiation and the organs were harvested later on, to find out where the flow went. It generated 127% baseline flow to the heart and 129% to the brain. EMS systems currently using the device are San Francisco, Fremont, Sunnyville, Richmond, and San Diego, Mr. Moore continued. The device has been operational since March 2003. Contraindications are pediatrics and trauma.

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 4:35 P.M.