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

MEMBERS PRESENT

Alice Conroy, R.N., Sunrise Hospital, Nurse Manager
Darrin Houston, D.O., Lake Mead Hospital
David Daitch, D.O., Boulder City Hospital
David A. Rosin, M.D., Mental Health & Development Srvcs.
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
Kurt Williams, American Medical Response
Michael Zbiegien, MD, Sunrise Hospital
Asst. Chief Mike Myers, Las Vegas Fire & Rescue
Philis Beilfuss, R.N., North Las Vegas Fire Department
Division Chief Randy Howell, Henderson Fire Department
Richard Henderson, M.D., St. Rose DeLima
Rick Resnick, Mesquite Fire & Rescue
Sam Kaufman, Desert Springs Hospital
Chief Steve Hanson, Clark County Fire Dept.
Virginia Deleon, RN, St. Rose Dominican Hospital
William Harrington, M.D., University Medical Center

ALTERNATES

Brian Rogers, Southwest Ambulance
Carl Nelson, Clark County Fire Dept.
Wade Sears, Mountain View Hosptial

MEMBERS ABSENT

Allen Marino, M.D., St. Rose Siena Dominican Hospital
Jon Kingma, EMT-P, Boulder City Fire Department
Pete Carlo, EMT-P, Southwest Ambulance
Timothy Vanduzer, M.D., Mountain View Hospital

CCHD STAFF PRESENT

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

PUBLIC ATTENDANCE

David Nehrease, AMR
Derek Cox, AMR
Gerry Hart, AMR
Jay Craddock, NLVFD
Jim Osti, WestCare Nevada
John Fudenberg, Clark County Coroners Office
Mike Murphy, Clark County Coroners Office
Natalie Seaber, Mountain View Hospital
Pam Turner, Valley Hospital
Patti Glavan, BCH
Roy Carroll, AMR
Sam Wilson, SMS
Scott Rolfe, Spring Valley 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, September 3, 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 August 6, 2003

Chairman Davidson asked for a motion to approve the August 6, 2003 meeting minutes. A motion was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION:

A. Drug/Device Committee Report

Dr. Henderson reported the Drug/Device Committee reviewed the Petition for piloting the Revivant AutoPulse Resuscitation System, submitted by Las Vegas Fire & Rescue. The consensus of the committee was to evaluate the affect the device has on the quality of life, from the rescuers perspective, for a period of 90 days.

Dr. Henderson made a motion to allow a 90-day evaluation of the Revivant AutoPulse Resuscitation System by Las Vegas Fire & Rescue to determine its affect on the quality of life through utilization of the device by Emergency Medical Technicians. The motion was seconded and passed unanimously.

B. Divert Task Force Report

1. Discussion of Drop Time Issues

   a. Call Volume Maps
      Tabled

   b. Review of Transport Data
      No data submitted

2. Discussion of Proposed changes to E.D. Closure Protocol

Rory introduced the proposed Patient Transfer to Receiving Facility Protocol. He explained the proposal presents a four-prong approach to addressing closure issues within the community and balancing the equation between the hospitals and EMS. The four steps to the proposed four-prong approach were as follows:

1. Leave existing closure as it is for the hospitals.
2. Twenty minutes after arrival in the emergency department, any patient meeting the following criteria may be placed in the hospital waiting room or other appropriate location by EMS personnel;

   A. Normal vital signs
      a. HR 60-100
      b. RR 10-20
      c. Systolic BP 90-180
      d. Diastolic BP 50-100
      e. Room air pulse oximetry > 92%

   B. Did not receive any parenteral medications during EMS transport except Morphine Sulfate and/or Phenergan.

   C. In the judgment of the Paramedic, does not require continuous cardiac monitoring. Note: Any ECG monitoring initiated by a transferring facility may not be discontinued by EMS personnel.

   D. Does not require intravenous fluids (Saline lock is ok)

   E. Can maintain a sitting position without adverse impact on their medical condition

   F. Is left with a completed Prehospital Care Record

3. An EMS offload advisory is activated when the 3rd ambulance arrives at a facility where at least one ambulance ahead of them has been waiting with a patient in excess of 20 minutes. That third arriving ambulance is responsible for notifying the appropriate dispatch center to place that hospital at EMS offload level yellow (warning of delay). When a 5th ambulance arrives, that ambulance is responsible for notifying the appropriate dispatch center to activate the EMS Offload to level red on the EMSystem. Reverse notification is required by the ambulance that is returning to service that drops the number of ambulances waiting to less than five and less than three. Southwest Ambulance Dispatch is responsible for updating the EMSystem that indicates the wait at the hospitals east of I-15 and AMR Ambulance Dispatch is responsible for updating the EMSystem for hospitals west of I-15.
4. All transport personnel must notify hospitals prior to transport on all patients by phone, radio, or EMSystem and must determine the current hospital status prior to transport to that facility.

Rory gave a brief demonstration of the closure, comment, and ambulance off-load (which will be used as an advisory tool) screens, using an operational model of the EMSystem. He explained the L2K line on the EMSystem is a stand-alone line, which allows for statistical data retrieval and future data analysis. He mentioned the EMSystem was scheduled to be customized by October 1, 2003.

Chairman Davidson explained that the reasoning for the proposed protocol is to provide a counter balance for closure between the facilities and the transport agencies allowing the facilities to determine when closure is necessary and the transport agencies to determine when it is beneficial to divert ambulance traffic to another facility to avoid excessive wait times.

Dr. Heck indicated a QI tool of measurement would be used to determine the effectiveness of the pilot protocol.

A suggestion from the board was to change the normal vital signs of the Systolic Blood Pressure to 100-180, Diastolic Blood Pressure to 60-100, and Room Air Pulse Oximetry to ≥ 94%.

Chairman Davidson made a motion to accept the Draft Patient Transfer to Receiving Facility Pilot Operations Protocol with the suggested changes to the normal vital signs effective October 1, 2003 for a 30-day trial. The motion was seconded and passed unanimously.

Discussion took place regarding the L2K patients who are being transported to facility EDs.

There appears to be confusion with regard to the interpretation of the current L2K protocol. Brian Rogers discussed the issue of psychiatric patients who agree to voluntarily go the ED without a L2K form being initiated. Chairman Davidson indicated there appears to be a trend to bypass the L2K rotation system because the L2K form is not initiated in the field, although these patients are clearly psychotic, suicidal, depressed, etc. Without the initiation of a L2K form the transport crew is able to transport the patient to any facility, they are not required to fall into rotation or they are not required to alert the facility of the L2K patient arrival. Chairman Davidson further stated while this trend was not anticipated in the beginning it has become prominent.

Virginia Deleon stated she feels there is also confusion regarding the transport of L2K patients who also require emergency medical management. Brian Rogers, SWA, commented that currently, psychiatric patients requiring emergency medical management are transported to the nearest facility. He affirmed psychiatric patients for whom a L2K form has been initiated are transported in accordance with the Legal 2000 Divert Operations Protocol.

Chairman Davidson recommended the nurse managers discuss the issue at the September 26, 2003 Nurse Managers meeting, and submit a report to the Divert Task Force at the October 1, 2003 meeting.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Facilities Advisory Board Report
Darrin Houston reported the Blue Ribbon Committee met August 26, 2003 at Valley Hospital. There were approximately 20-25 people in attendance. It was decided at the meeting to decrease the size of the body of people and create two co-chairs.

B. Update for Community Triage Center (CTC)
Jim Osti, Senior Director, CTC, reported the CTC continues to have approximately 500 individuals who are admitted to the CTC. The CTC is holding down the number of admissions purposely by reducing the number of

self-referrals while increasing the number of hospital transports on Civil Protective Custody's (CPC) and Chronic Public Inebriate (CPI). In August 51 individuals were picked up by EMS and transported directly to the CTC rather than going to the hospital. That number is expected to increase with the expanded CPI protocol. Civil Protective Custody includes general law enforcement as well as the new crisis intervention teams. The CTC had 73 admissions for the month of August of individuals transported by law enforcement which includes substance abuse individuals as well as mental health. The CTC has reached a single month high of Hospital Transfers at 179 in the month of August. That number is expected to increase as the CTC staff continues to conduct hospital in-services. CTC callbacks are at 2% which is the lowest numerical number the CTC has had in the past four months of callbacks.

The CTC met with Southern Nevada Mental Health September 2, 2003 and are working together. It was identified in the meeting that the CTC and SNMH were able to remove 15 individuals from the hospitals to SNMH on an outpatient basis rather than moving them through the waiting list process that is being used by the hospitals.

Mr. Osti informed the group that the CTC was expected to receive an appropriation from the state for approximately $670,000.00 to expand mental health services and provide additional staffing. He stated everyone approved it and in the 11th hour of the legislative process there was a glitch and the CTC was not funded. As a result there is going to be some temporary reductions in staff at the CTC. The good news is that everybody believes this was just a clerical error that everybody (all the hospitals, all the legislative individuals who were involved) thought was a very important piece to developing the CTC and so they are working hard to find alternative funding that would replace the money that was lost through the appropriation process, Mr. Osti continued. Therefore, for the next couple of months while the CTC tries to recuperate the funding, there probably will not be any changes in the services provided by the CTC. There have been layoffs at the CTC and while there is a rumor that the CTC is closing, that is a false rumor. The CTC is still extremely viable and is an option for the facilities to use on a regular basis.

C. ED Nurse Managers Report

Virginia Deleon reported the nurse managers met at Sunrise Hospital August 22, 2003. A WestCare representative gave an update on the CTC; and Las Vegas Fire Department representative gave an update on the EMSystem. The next meeting is scheduled to be held at Spring Valley Hospital in September 26, 2003.

E. QI Report

Dr. Slattery reported the QI Directors met August 19, 2003 for which a CPI Performance Improvement Plan was developed. The QI Directors will be working in collaboration with Jim Osti on the new CPI Protocol that was released. In addition there are new forms being printed for all the EMS agencies. Every time a patient is taken to WestCare the form should be completed and a copy of that chart sent to the EMS office, Dr. Slattery continued. New forms will be printed soon and distributed to all the EMS agencies when they are available.

F. ED Divert Statistics

Not available.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Reisch and Sam Kaufman announced the maternity center at Desert Springs Hospital has closed, however the ED is fully equipped with trained medical staff and equipment to handle obstetrical patients until appropriate transfer arrangements can be made.

Mike Myers announced there would be an airport drill Thursday, September 4, 2003. Friday, September 5 the EMSystem would be tested for Emergency Alert Notification (EAN). He reminded everyone that a conference call number is attached to the EAN. When an EAN is received the conference call number should be contacted, which will hook all the hospitals up with field personnel. That is scheduled to start Friday, September 5. Hospitals will be notified by phone.

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 4:36 P.M.