MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
OCTOBER 1, 2003 – 3:30P.M.

MEMBERS PRESENT

Darrin Houston, D.O., Lake Mead Hospital
David Daitch, D.O., Boulder City 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
Kevin Slaughter, DO, Spring Valley Hospital
Michael Zbiegien, MD, Sunrise Hospital
Asst. Chief Mike Myers, Las Vegas Fire & Rescue
Pam Turner, R.N., Valley Hospital, Nurse Manager
Philis Beilfuss, R.N., North Las Vegas Fire Department
Division Chief Randy Howell, Henderson Fire Department
Richard Henderson, M.D., St. Rose DeLima
Sam Kaufman, Desert Springs Hospital
William Harrington, M.D., University Medical Center

ALTERNATES

Brian Rogers, Southwest Ambulance
Carl Nelson, Clark County Fire Dept.
Roy Carroll, American Medical Response

MEMBERS ABSENT

Allen Marino, M.D., St. Rose Siena Dominican Hospital
David A. Rosin, M.D., Mental Health & Development Srvcs.
Jon Kingma, EMT-P, Boulder City Fire Department
Kurt Williams, American Medical Response
Pete Carlo, EMT-P, Southwest Ambulance
Rick Resnick, Mesquite Fire & Rescue
Chief Steve Hanson, Clark County Fire Dept.
Timothy Vanduzer, M.D., Mountain View Hospital

CCHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Curtis Bazemore, Mountain View Hospital
Dennis Dufak, UMC
George Kaiser, CTC
J. B. Lungo, UMC
Jackie Mador, Summerlin Hospital
Jay Craddock, NLVFD
Jim Osti, WestCare Nevada
Joy Mate, UMC
Mary Jo Solon, Southern Hills Hospital
Pam Rowse, RN, St. Rose Dominican Hospital
Robert Lynn, CTC
Sandy Young, RN, LVFR
Scott Johnson, LVFR
Scott Vivier, HFD
Sheila Bazemore, Lake Mead Hospital
Sue Hoppler, DSH

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, October 1, 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 September 3, 2003

Chairman Davidson asked for a motion to approve the September 3, 2003 meeting minutes. A motion was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION:

A. Divert Task Force Report

1. Discussion of Drop Time Issues
   Review of Call Volume Maps
2. E.D. Closure Protocol Update

Chairman Davidson reported the Divert Task Force agreed to maintain regions A, B, and C adding Southern Hills Hospital, which is scheduled to open in February 2004, to region C. The arrangement of the regions would then be:

Region A:

Mountain View Hospital
Summerlin Hospital
Valley Hospital
University Medical Center

Region B:

Lake Mead Medical Center
Desert Springs
Sunrise Hospital and Medical Center

Region C:

St. Rose de Lima Campus
St. Rose Siena Campus
Spring Valley Hospital
Southern Hills Hospital

As before any facility in any region may close for one hour at a time and rotate, Chairman Davidson continued.

A motion was made to maintain regions A, B, and C adding Southern Hills Hospital, when it opens for business, to region C. The motion was seconded and passed unanimously.

Chairman Davidson noted the Patient Transfer to Receiving Facility (PTRF) Pilot Operations Protocol, which is scheduled to go into effect October 15, for a 30-day trial period, is an advisory protocol and therefore does not interfere with the current hospital closure policies. If the EMSystem indicator is placed on red for a facility, ambulances may continue to transport to that facility, however ambulances are advised to divert traffic from that facility to avoid long wait times.

B. Discussion of November Meeting
Date Change

Chairman Davidson mentioned 6-7 members of the MAB are required to attend an out-of-state conference around the same time the MAB is scheduled to meet November 5. He therefore requested rescheduling the November 5 MAB meeting to October 29. After brief discussion a motion was made to postpone the November 5 MAB meeting to December 3, 2003. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Facilities Advisory Board Report

Rory Chetelat reported the PTRF Pilot Operations Protocol prompted lengthy discussion at the September FAB meeting. The FAB voted to include language on the protocol to read, "A verbal report is given to the charge/triage nurse". He mentioned the PTRF Pilot Operations Protocol was not included in the Report/Discussion section of the MAB agenda for this meeting; therefore official modifications to the protocol would not be appropriate. If there were a desire of the MAB to modify the protocol to include this language, it would delay the implementation of the protocol for another 30 days. The EMS office does not feel that it is worth waiting 30 days; therefore the proposal set forth by the EMS office is to implement a PTRF Protocol QI Tool. The PTRF Protocol QI Tool is a form devised for documenting failed attempts to communicate transfer of patient care to the receiving facility with the ED charge/triage nurse by the EMS crew. The EMS crew shall attempt to verbally accomplish transfer of patient care to the receiving facility. If after 20 minutes the transfer of patient care has not occurred the EMS crew shall complete the PTRF Protocol QI Tool and contact the EMS supervisor. If the EMS supervisor is unable to resolve the issue the Administrator on Call (AOC) for that facility would then be contacted (as requested by the FAB). If the MAB agrees with this plan, Rory continued, the EMS office would begin contacting FAB members in an effort to obtain direct phone numbers to the AOC's for each facility.

In addition to having the EMS crew complete the PTRF Protocol QI Tool Form, Rory continued, there would be a patient care report faxed to the EMS office on every patient that is left at the hospital under the PTRF Pilot Operations Protocol at which time the EMS office will perform the review the next business day.

Concerns raised by the board were:

- Past history supports the fact that in trying to contact the AOC the house supervisor intercedes and the AOC is never contacted.
- It is imperative that the ED nurses and EMS crew understand the goal of the PTRF Protocol QI Tool Form is to encourage communication between them in an effort to provide superior patient care and a smooth transition to transfer of care.

In support of the PTRF Pilot Operations Protocol, FAB representatives specifically requested, communication is directed to the facility AOC, a verbal exchange for the transfer of care, and notification of uncooperative ED staff, Rory replied. In an effort to accommodate this request the EMS office is prepared to obtain the necessary phone numbers from each facility for direct communication to the facility AOCs in addition to implementing and processing the PTRF Protocol QI Tool Form. He reiterated the intent of the PTRF Protocol QI Tool Form is to encourage communication between the ED nursing staff and the EMS crews, and to identify and resolve problems when problems exist.

Dr. Joseph Heck clarified the expectation of the EMS crew, for patients who meet the PTRF Pilot Operations Protocol, is if the transfer of care has not occurred after 20 minutes, the patient is to be removed from the EMS gurney and placed in the ED waiting area.

Discussion took place regarding psychiatric and Legal 2000 (L2K) patients and whether those patients should be included in the PTRF Pilot Operations Protocol. Dr. Heck emphasized the intent to include these patients, as he stated, it is a small population that accounts for the largest amount of long drop times, and if the patient is physiologically stable there is no reason that an ambulance crew should sit in a hospital ED for 2-3 hours watching these patients.

A response from the board was, the understanding of the board, at the time the criteria for the PTRF Pilot Operations Protocol was voted on, was psychiatric and L2K patients were excluded from the protocol.

A motion was made to exclude mental health patients from the 30-day trial Patient Transfer to Receiving Facility Pilot Operations Protocol. The motion was seconded.

Chairman Davidson called for discussion.

Brian Rogers asked what is the EMS crew required to do after 46 minutes of waiting with the patient.

Rory replied the PTRF Protocol QI Tool Form is to be completed and submitted to the EMS office.

Chairman Davidson called for a vote on the motion. The motion passed with 15 yes votes and 4 no votes.

Adult mental health patients were defined as age 18 and older.

A question raised was how would the success of the Patient Transfer to Receiving Facility Pilot Operations Protocol be gauged?

A comment from the board was there should to be two components, success on the EMS side, and success on the quality and the continuity of care to the patient.

Dr. Slattery explained there has been a great deal of discussion at the QA Committee regarding the PTRF Pilot Operations Protocol and the various components of the protocol that require quality assessment. The QA Performance Improvement Tool primarily focuses on protocol compliance. The purpose for the design of the PTRF Protocol QI Tool Form is to measure protocol compliance. The form is not intended for use as a reporting mechanism for the agencies or facilities. The PTRF Protocol QI Tool Form is going to be completed and added to every patient chart that is submitted to the EMS office on patients who meet the PTRF Protocol criteria.

In terms of getting outcome measures, Dr. Slattery continued, he said he thinks that is an excellent idea. However, the problem is, that would require Institutional Review Board (IRB) approval through each facility. He offered to help coordinate the process for obtaining IRB approval if there is appetite for that from a few of the facilities.

Rory mentioned he and Mike Myers are working with the State of Nevada to encourage statewide reporting and gain access to system-wide data. City Fire is switching to a new system, which would provide system-wide reporting through the EMSystem. Upon successful data transfer to the state system, various reports will be available through the EMSystem.

Chairman Davidson referred to the Psychiatric Patient Tracking Sheet, which is a form used by the facilities for tracking and reporting psychiatric patient in-house hours. He mentioned the FAB representatives agreed to implement the form universally, for improved tracking and reporting of psychiatric patients. Rory noted that Jim Osti and the University of Nevada are working collaboratively to develop a more comprehensive form, which is currently being tested by several facilities, that would provide enhanced data reporting of L2Ks.

B. Update for Community Triage Center (CTC)

Jim Osti, Senior Director, CTC, reported CTC admissions have leveled to slightly less than 500 admissions per month. One-third of those admissions are directly from the hospitals. Chronic Public Inebriate (CPI) admissions are those individuals transported by EMS to the CTC. Forty-three CPI's were transported to the CTC for the month of September. That number is expected to increase with the expanded CPI protocol. The CTC admitted Sixty-seven Civil Protective Custody (CPC) individuals. Considering the CTC has admitted approximately 2000 individuals, year-to-date, who normally would have been transported to facility EDs, the CTC has made a significant impact on reducing the patient volume for facility EDs, Mr. Osti indicated.

The state had an appropriation for the CTC of approximately $677,000.00 and that appropriation was split into two parts, an authorization bill, and a funding bill, Mr. Osti affirmed. Unfortunately during all the confusion of the subsequent legislative issues and funding crisis that occurred, the CTC was not funded as planned. The authorization was passed but the funding mechanism was not. While the CTC is attempting to recuperate the funding from the state, some reorganization has occurred at the CTC within the past month. However, the changes will have an unnoticeable impact on the way business is conducted in the community.

Introductions were made by Mr. Osti of two newly hired physician extenders at the CTC; Dr. George Kaiser, Director of the Internal Medicine Residency Program at UMC, as a Board Certified Addictionologist provides valued information regarding addictionology; and Robert Lynn, Family Nurse Practitioner.

Mr. Osti announced that he would no longer be the Director of the CTC and would continue to be involved with the Legal 2000 issues.

Dr. Kwalick encouraged the board members to contact Christina R. Giunchigliani, Chairperson of the Interim Finance Committee to express their support for the funding of the CTC.

C. ED Nurse Managers Report

Pam Turner reported the nurse managers met at Spring Valley Hospital, September 26, 2003. The next meeting is scheduled for October 24, 2003 in Boulder City at 12:00p.m.

E. QI Report

No report

F. ED Divert Statistics
Statistics were available in member packets and as handouts.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Chairman Davidson mentioned beginning sometime in October, 2003 Las Vegas Mental Health will have a crisis team that will go to facility EDs to began assessing patients awaiting transport to Las Vegas Mental Health (LVMH). He pointed out after the patient has been stabilized for 24 hours a call should be made to the LVMH crisis team.

The "EMS Incident Report Form" continues to remain in effect for the use of reporting incidents requiring CCHD EMS investigation for both hospital and pre-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 4:36 P.M.