CLARK COUNTY
HEALTH DISTRICT

MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
MARCH 3, 2004 – 3:30P.M.

MEMBERS PRESENT

Jeff Davidson, M.D., Chairman, Valley Hospital
David Watson, M.D., Sunrise Hospital
Donald Kwalick, M.D., CHO, Clark County Health District
E. P. Homansky, M.D., Physician at Large
Frank Pape, D.O., Summerlin Hospital
David Daitch, D.O., Boulder City Hospital
Allen Marino, M.D., St. Rose - Siena Campus
David Rosin, M.D., Mental Health Representative
Kevin Slaughter, D.O., Spring Valley Hospital
Pam Turner, R.N., Nurse Manager Representative
Philis Beilfuss, R.N., North Las Vegas Fire Department
Division Chief Randy Howell, Henderson Fire Department
Richard Henderson, M.D., St. Rose - DeLima Campus
Kurt Williams, American Medical Response
William Harrington, M.D., University Medical Center
Bryan Lungo, M.D., Pediatric Representative

Pete Carlo, EMT-P, Southwest Ambulance

ALTERNATES

Dale Carrison, M.D., University Medical Center
Judith Hendricksen, R.N., FAB Representative
Sandy Young, R.N., Las Vegas Fire & Rescue
Carl Nelson, EMT-P, Clark County Fire Department

MEMBERS ABSENT

John J. Fildes, M.D., Trauma Physician Representative
Asst. Chief Mike Myers, Las Vegas Fire & Rescue
Sam Kaufman, FAB Representative
Timothy Vanduzer, M.D., MountainView Hospital
Darrin Houston, D.O., Lake Mead Hospital
Jon Kingma, EMT-P, Boulder City Fire Department
Captain Rick Resnick, EMT-P, Mesquite Fire & Rescue
Dep. Chief Steve Hanson, Clark County Fire Department
Donald Reisch, M.D., Desert Springs Hospital
Wade Sears, M.D., Southern Hills Hospital

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Joseph Heck, D.O., EMS Operational Medical Director
Rae Pettie, EMS Program/Project Coordinator, Rec. Secty.
Mary Ellen Britt, R.N., Quality Improvement Coordinator
David Slattery, M.D., Assistant EMS Medical Director

PUBLIC ATTENDANCE

Brett Olbur, EMT-P, Las Vegas Motor Speedway
Melinda Hursh, R.N., Sunrise Hospital
Ken Taylor, EMT-P, Las Vegas Fire & Rescue
JoAnn Lujan, WestCare
Roy Carroll, American Medical Response
Sue Hoppler, R.N., Desert Springs Hospital
Helen Vos, MountainView Hospital
Gregg Fusto, R.N., University Medical Center
Kathy Kopka, R.N., Sunrise Hospital
Gerry Hart, American Medical Response
Stacey DeBourg, WestCare
Sam Wilson, EMT-P, Specialized Medical Services
Natalie Seaber, R.N., MountainView Hospital
Lynda Courtney, Clark County
Davette Shea, R.N., Southern Hills Hospital

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:40 p.m. on Wednesday, March 3, 2004. The meeting was called to order by Chairman Jeff Davidson, M.D. He stated that 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. The minutes from the January 7, 2004 meeting were approved.

B. The Board approved the deletion of Thiamine from the Official Paramedic Drug Inventory, which will occur automatically with the April 1, 2004 rollout of the new protocols.

C. The addition of In-line Albuterol to the Official Ambulance, Ground Ambulance, and Firefighting Agency Inventory was approved. The discussion of the addition of a pediatric needle cricothyrotomy kit to the inventory was referred to the Drug & Device Committee.

D. Discussion of the AutoPulse Device pilot study results was referred to the Drug & Device Committee.

E. Discussion of the 2002 EMS Instructor Course Curriculum was referred to the Education Committee.

F. The development of the Critical Care Transport Curriculum was referred to the Education Committee.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Divert Task Force Report

1. Discussion of Hospital Declaration of Internal Disaster and the Resultant Impact on the EMS System

Dr. Davidson reported that the Divert Task Force discussed establishing specific criteria for Internal Disaster (ID). Examples given were fire, flood, and downed electrical or computer systems. Also discussed were additional criteria such as lack of oxygen, medication, or telemetry capability. The task force agreed that prior to posting an ID on EMSystem the appropriate facility personnel will first communicate with the Health District, and designated individuals will contact EMS. The issue will be further discussed at the March 10th FAB meeting. Dr. Davidson stated that facilities have gone on ID for different reasons, including patient overload, and lack of monitors, beds, or oxygen. He explained that without a specific format, a facility can declare ID at will. This results in a domino effect on the system as a whole because all other facilities must remain open. Dr. Davidson stated that the motion passed by the Divert Task Force called for the establishment of ID criteria to be formulated by the FAB and the Health District. The motion was seconded and passed unanimously by the Board, with an abstention from the Trauma Center, although Dr. Harrington voted in favor for UMC.

2. Discussion on the Increased Use of the Patient Transfer to Receiving Facility Protocol to Reduce Holding Times

Dr. Davidson stated that education and communication issues appear to be the primary problems with the 20-minute drop time policy. Over the next few weeks, Rory and Dr. Heck will spend time in each hospital to facilitate the process. Although the MAB endorsed the policy, some of the paramedics are opting to stay beyond the 20-minute guideline, even when the patient meets the criteria. Dr. Homansky indicated there is a need for improved communication between the paramedics and nurses. He suggested including the issue on the agenda for discussion at the next nurse managers meeting.

Dr. Henderson indicated that communication problems between paramedics and nurses may be related to semantics. When a paramedic states, "This patient meets the 20-minute rule, so we're leaving," there is an adversarial connotation. Also, there is a performance expectation based on a timeline, which may escalate the situation. On the other hand, if the paramedic states, "This patient is eligible for the waiting room," it lets the nurses know that they're basing their thought processes on something other than time.

Pam Turner agreed that it may be important to re-educate EMS, nursing staff and the physicians. She indicated there have been staffing changes at all levels within the county. She agreed to discuss the issue at the next nurse managers meeting.

Dr. Carrison asked if there is a QI process for patients who meet the criteria for triage and end up in the waiting room. Dr. Heck replied that the hospitals have been submitting reports to the EMS office. Ms. Turner stated that the nurse managers also expect feedback from EMS when there are problems. Dr. Davidson agreed that any problems should be communicated so that they can be addressed.

3. Discussion of the Elimination of the E.D. Closure Protocol for 30-day Trial Period

Dr. Davidson related that there has been continued dialogue with communities that have successfully eliminated divert altogether. Examples given were Riverside County who eliminated divert six months ago. They did so with apprehension and fear, and today they report that it has been a success. Memphis has published articles on their experience with the elimination of divert, which also ended in success. Dr. Davidson stated the Divert Task Force approved a 90-day trial of the elimination of hospital closure, with status reports to the MAB every 30 days. Following FAB approval, the tentative start date will be March 15th. He noted that the motion did not include the rotation of mental health patients.

Dr. Watson indicated that new protocols are constantly written for the transfer of patients in hopes of solving hospital problems. The hospitals need to realize that the number of people coming into the system is increasing and step up to the plate to help unload these patients. The hospitals in general are under-staffed, with more people in the ERs, upstairs, and in discharge waiting rooms. He stated that most of the protocols are written because the hospitals are not unloading the system and he feels that the elimination of hospital closure is a great idea.

Dr. Henderson disagreed. In his opinion it would be taking a step backwards to eliminate the one-hour closure protocol. He indicated that the nurses in the ER are caught in the cross-fire and the ability to close for an hour gives them a sense of protection. He anticipates a shell-shock mentality where the nurses will feel they are beaten from the minute they walk in, and ambulances will remain parked in hospital driveways. Dr. Davidson related that in speaking with hospital personnel in Memphis, there was an initial shell-shock with a slight increase in wait times. But they eventually got used to the process and wait times have improved significantly as a result.

Dr. Slaughter stated that the current system of one-hour closure gives the facility time to unload half of the waiting ambulances if they're lucky. However, when the facility comes off of closure the cycle starts again, creating a roller coaster effect. He feels that eliminating divert may help smooth out the process so there's a more even flow, rather than getting slammed, then relaxed, then slammed again. Dr. Davidson agreed that there is some good with the current system. However, there has also been a mishandling of the process.

Dr. Carrison stated he is in favor of the 90-day trial. He stated that at this point we can't lose anything by trying. Ms. Turner indicated that the majority of nurse managers also support the 90-day trial. Dr. Homansky stated that the ER doctors need to be educated on the upcoming process. Dr. Harrington asked whether there would be a change in the handling of the pediatric population of patients. Dr. Davidson replied that the issue wasn't brought forth in the Divert Task Force meeting. However, if there is no more hospital closure the two pediatric facilities can level load each other via direct communication.

Dr. Davidson stated that the motion passed by the Divert Task Force called for a 90-day trial of the elimination of hospital closure, with status reports to the MAB every 30 days. The rotation of mental health patients will not change. The motion was seconded and passed unanimously, with the exception of Dr. Henderson who voted against.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Upcoming NASCAR Race

Brett Olbur, Director of EMS/Fire Safety for Las Vegas Motor Speedway, gave a brief overview of the security measures that have been put in place for the 3-day NASCAR event scheduled for the upcoming weekend. He stated that the plan was reviewed by the Office of Emergency Management and will be rolled into the Clark County Emergency Action Plan in case of disaster, terrorist attack, or other adverse event. In case of a large scale incident, the EOC will be open and will be activated.

B. Update on Community Triage Center

JoAnn Lujan submitted the January status report and stated that there were 506 admissions in January with no real problems. She reported that John Walters, the drug czar for the U.S. will be at the Community Triage Center (CTC) the following week. He is interested in meeting with the physicians in the community to discuss the demand for opiates from physicians. She also reported that the CTC is now able to transport youth from the hospitals. Although the triage center physically separates adults from youth, the concept is the same for both. They are able to transport runaway youth, substance abusing youth, and youth with conduct disorders. However, they are not able to take youth with psychotic disorders because the CTC doesn't have a child psychiatrist. Ms. Lujan agreed to submit a list of specific criteria for the nurse managers at their next meeting.

Ms. Lujan reported that out of 72 transports in January, only two required to be returned due to level of care issues. She expressed concern that neither of the two patients was transported back to the hospital that they came from. She recalled past discussions that that was what the MAB wanted. The CTC is allowed to override the divert process and ask that patients be returned to the hospital where they were initially processed. Dr. Davidson stated that the transport agencies will be advised that patients who are returned for further medical clearance or incomplete medical clearance need to be returned to the sending facility.

Dr. Carrison related that in looking at the statistics, both Sunrise and UMC should be grateful. The CTC has made a huge difference in opening up hospital beds, and it has been a very easy system to access.

Dr. Rosin from Southern Nevada Adult Mental Health Services, stated that Senate Bill 94, which would allow clinics to accept L2K patients, will probably cost about $10 million. His division was tasked to write the regulations for such a triage center, which is driven in large part by the Bureau of Licensure and Certification and their requirements for licensure, which has been an issue for WestCare. He stated that if they are successful in obtaining approval for a hospital at the March 17th city council meeting, they will have 77 beds for possible use, in addition to providing care for L2K patients. He strongly encouraged everyone to attend the meeting and stated that a group claims to represent 50,000 people from the community who don't want the hospital in their back yard. Without support from the ERs and the rest of the community it may be politically expedient for the city council not to take any positive action.

Ms. Turner stated that Judge Voy, who presides over the court committal process, put together a task force that met weekly to develop a medical clearance form. In the past, the hospitals had no way to get voluntary committals into the psychiatric community because the legals always took precedence over them. As a result, a form was developed for each of the ERs to use for medical clearance. The form needs to be completed and sent in, and then the patients will be placed in the queue with the rest of the psych population. It allows them to be treated without having to be legaled. They can also be taken to WestCare if needed. In the past, WestCare has not been able to take non-voluntaries. Dr. Rosin added that when there is a bed available the hospital has the choice of who they want to send, whether it is a voluntary or an involuntary patient. Ms. Turner indicated that if a physician chooses to put the patient on a voluntary and the patient at some point states that he is leaving, they have the ability to switch that patient to an involuntary patient without having to complete the L2K form. All that is required is that they complete the medical clearance form and send it off.

Dr. Carrison advised EMS that if they have someone such as a decompressed schizophrenic who is hearing voices and talking to himself and it is clear he cannot care for himself, that patient does not have to be put on a L2K form. EMS can transport him to the hospital and place him on a voluntary. After 24-48 hours of medication these patients are usually perfectly fine to go to WestCare. It's an effective way to keep them out of the ED. You're helping them, treating them, and helping the system.

Dr. Rosin added that when patients are discharged from WestCare, they routinely put them out on a six-month conditional release. If EMS is planning to form somebody within that six-month period they do not have to repeat the legal process. The patient will have an "M" number with the courts and they can go right back into the queue without any legal process. Also, when a petition is submitted, the county clerk will check if that individual is on a six-month out, and if so, a petition does not need to be filed. The individual is automatically let back in. Dr. Rosin added that Judge Voy will accept faxed petitions in an effort to facilitate the process.

C. Nurse Managers Report

Ms. Turner reported that the nurse managers last met on January 30th at Valley Hospital. One item discussed was Montevista's crises advances assessment team. The Health District gave an in-service on some CDC recommendations for influenza and SARS which was distributed to all of the ERs. She emphasized the importance of participation from all of the facilities in their effort to collect data for the FAB Blue Ribbon Task Force.

D. E.D. Divert Statistics

Dr. Davidson indicated that the Health District was tasked with tracking objective and subjective findings during the 90-day trial of the elimination of hospital closure. Objective findings will be statistics such as wait times and drop times. Subjective findings will rely primarily on feedback from ER physicians and nurses.

Dr. Davidson announced that Valley Hospital's new ED is slated to open on Thursday, March 11th, with 44 beds. The complete renovation of the old ED, with a total of 60 beds won't open until sometime in June. He stated that when Valley Hospital is ready to open the new ED they will shut down their ED from EMS traffic from roughly around 6-8 a.m. to allow them to move equipment and patients over to the new ED. They tried to pick a short and least inconvenient timeframe for the move.

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 4:29 P.M.