

**MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
APRIL 7, 2004 – 3:30P.M.**

MEMBERS PRESENT

Jeff Davidson, M.D., Chairman, Valley Hospital
David Watson, M.D., Sunrise Hospital
E. P. Homansky, M.D., ED Physician at Large
Frank Pape, D.O., Summerlin Hospital
Allen Marino, M.D., St. Rose - Siena Campus
Jon Kingma, EMT-P, Boulder City Fire Department
Donald Reisch, M.D., Desert Springs Hospital
Kevin Slaughter, D.O., Spring Valley Hospital

William Elsaesser, M.D., Lake Mead Hospital
Kathy Kopka, R.N., Nurse Manager Representative
Philis Beilfuss, R.N., North Las Vegas Fire Department
Division Chief Randy Howell, Henderson Fire Department
Sam Kaufman, FAB Representative
Kurt Williams, American Medical Response
Wade Sears, M.D., Southern Hills Hospital

ALTERNATES

Tim Crowley, EMT-P, Las Vegas Fire & Rescue
Brent Hall, EMT-P, Clark County Fire Department
Brian Rogers, EMT-P, Southwest Ambulance

Michael Zbiegien, M.D., Pediatric Representative
Jay Coates, D.O., Trauma Representative

MEMBERS ABSENT

David Daitch, D.O., Boulder City Hospital
Donald Kwalick, M.D., Chief Health Officer of CCHD
David Rosin, M.D., Mental Health Representative
Timothy Vanduzer, M.D., MountainView Hospital

William Harrington, M.D., University Medical Center
Captain Rick Resnick, EMT-P, Mesquite Fire & Rescue
Richard Henderson, M.D., St Rose Dominican/Rose de Lima

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Joseph Heck, D.O., EMS Operational Medical Director
Rae Pettie, Program/Project Coordinator
Moana Hanawahine-Yamamoto, Recording Secretary
James Osti, Grant Writer

Mary Ellen Britt, R.N., Quality Improvement Coordinator
Trish Beckwith, Field Representative
Eddie Tajima, Administrative Assistant
Kay Godby, Biopreparedness Planner

PUBLIC ATTENDANCE

Jay Craddock, EMT-P, North Las Vegas Fire Dept
Melinda Hursh, R.N., Sunrise Hospital
Scott Johnson, EMT-P, Las Vegas Fire & Rescue
JoAnn Lujan, WestCare
Mary Drum, R.N., MountainView Hospital
Michelle Robbie, R.N., MountainView Hospital
Tricia Klein, American Medical Response
David Petersen, Mesquite Fire Department
Pam Turner, R.N., Valley Hospital
Judith Hendriksen, R.N., Spring Valley Hospital

Cheryl Newman, R.N., Med Flight Air
Scott Vivier, EMT-P, Henderson Fire Dept
Mary Levy, R.N., University Medical Center
Bryon Moore, Revivant
Michelle Bogardus, Operation Stroke Task Force
Patti Glavan, R.N., Boulder City Hospital
Davette Shea, R.N., Southern Hills Hospital
Connie Clemmons-Brown, R.N., University Medical Center
Jacqueline Taylor, University Medical Center

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:30 p.m. on Wednesday, April 7, 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

Dr. Davidson stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval. A motion for Board approval of the following items on the Consent Agenda was made, seconded, and carried unanimously.

- A. Minutes Medical Advisory Board Meeting March 3, 2004
- B. Discussion of Revision to Legal 2000 Divert Protocol to Include Mental Health Patients on Voluntary Hold – May be Referred to Procedure/Protocol Committee
- C. Discussion of Pediatric Destination Protocol – May be Referred to Procedure/Protocol Committee
- D. Discussion of Draft Revisions to EMT-Paramedic Training Procedure – May be Referred to Education Committee

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Education Committee

Dr. Watson was the acting Chairman of the Education Committee in Dr. Pape's absence.

1. Discussion of 2002 EMS Instructor Course Curriculum

Dr. David Watson reported that a focus group would review the prior instructor course curriculum and present their findings to the MAB in about 60 days.

2. Discussion of Critical Care Transport Curriculum Development

Dr. Watson stated that the medical directors from various facilities with nurse input will meet to evaluate the two curriculums to determine as to what changes should be made and advise the board of their recommendations within 60 days.

B. Drug & Device Committee

1. Discussion of Addition of In-Line Albuterol and Pediatric Needle Cricothyrotomy Equipment to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory

Dr. Marino stated that the Drug & Device Committee approved a motion for the addition of in-line albuterol equipment to the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory for patients that are intubated. The provider agencies will be given the option to purchase a commercial in-line nebulizer kit or purchase the two ID adapters (15mm and 22mm) separately. The motion was seconded and passed unanimously by the Board.

The protocols require the inclusion of pediatric needle cricothyrotomy equipment for ALS transport vehicles. Philis Beilfuss from the North Las Vegas Fire Department proposed utilizing a 14 gauge IV catheter, a 3ml syringe, and a 3.0 endotracheal tube 3mm adapter and including all three items into a preassembled kit instead of purchasing the ready made commercial kit because of the cost savings. Ms. Beilfuss advised that the commercial kit is approximately \$50 for the transtracheal catheter that is a 14 gauge instead of the 13 gauge presently being used. She also mentioned that the transtracheal catheter is not recommended for children under the age of eight.

Dr. Marino stated that the Drug & Device Committee approved a motion for the addition of a pediatric transtracheal catheter kit to the Official Air Ambulance, Ground Ambulance and Firefighting Agency Inventory for patients that require needle cricothyrotomy. The provider agencies will be given the option to purchase a commercial pediatric transtracheal catheter kit, or assemble a Health District approved kit which includes a 14 gauge IV catheter, a 3ml syringe, and a 3.0 endotracheal tube 3mm adapter. The motion brought forward from the Drug & Device Committee was seconded and passed unanimously by the Board.

2. Discussion of AutoPulse Device Pilot Study Results

Sandy Young from Las Vegas Fire & Rescue presented data on the AutoPulse Device pilot program. Ms Young found the device provided consistent application of CPR during transit and aided in the safety of the crew because they were able to remain seat belted. However, the device is very expensive and at this time, there is a lack of human outcome studies to support the use of the device as a direct improvement. Therefore, the committee endorsed the addition of the AutoPulse Device as an optional item on the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory. The motion brought forward from the Drug & Device Committee was seconded and passed unanimously by the Board.

Dr. Marino related that the issue of utilizing alternative modes to transport bariatric patients was also discussed. The agencies will research the available options and report its findings back to the committee in sixty days.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Facilities Advisory Board Report

Sam Kaufman reported the Facilities Advisory Board met twice in the month of March. The primary issue discussed was hospital divert. The FAB unanimously voted to accept the MAB's recommendation to eliminate E.D. closure effective April 1, 2004. The next issue dealt with standardizing the policy for internal disaster and Suzanne Cram was the lead on providing a definition. The definition was created to deter the facilities from using internal disaster in lieu of diversion. The committee agreed to standardize internal disaster and there will be a reporting requirement to the Clark County Health District EMS office.

Mr. Kaufman asked Davette Shea from Southern Hills to give an update regarding tasks currently assigned to the Blue Ribbon Task Force. Ms. Shea reported that Jim Osti from CCHD updated the ED Nurse Managers on the reporting mechanism for mental health patients. One of the concerns is the way these patients are being counted in the EMS system and its effect on hospital rotation. Mr. Osti advised the MAB that the number of voluntary mental health patients is included on his spreadsheet and this information will be reported monthly. It was also noted that Mr. Osti is available to go out to each facility to do an in-service because accuracy in the reporting process is very important.

Presently, only Legal 2000s are being counted in the system but there are far more voluntary patients who are taking up hospital beds and resources. Ms. Shea stated that some of these voluntaries have no ability to access treatment and this is the reason the Task Force is looking into community resources. Suzanne Cram suggested acquiring the assistance of UNLV to work with the resource committee to locate additional resources available in the community to help these mental health patients.

Ms. Shea also advised that the Task Force requested that each of the hospitals report the costs they are incurring from treating mental health patients. This information will be directed to Margaret Russitano and the results will be reported to the Task Force and forwarded to the FAB.

Dr. Davidson complimented Las Vegas Mental Hospital (LVMH) for providing UMC and Valley hospital with help dealing with the voluntary mental health patients and providing these patients with an outsource. Ms. Shea mentioned that LVMH will unfortunately no longer be available in the evenings due to the lack of utilization.

Rory Chetelat from CCHD reiterated that the discussion of revisions to Legal 2000 divert protocol to include mental health patients on a voluntary hold has been referred to the Procedure/Protocol Committee for the following month. The data from Mr. Osti's report on the number of voluntary mental health patients holding as well as on whether or not we'll include that in the Legal 2000 diversion or rotation process are issues that will be discussed.

B. E.D. Nurse Managers Report

Kathy Kopka from Sunrise Hospital advised that the primary discussion centered on the elimination of E.D. closure. Ms. Kopka mentioned that it was going very well at Sunrise and that volume was down. Dr. Davidson added that other physicians and managers have observed no significant changes since the start of the 90-day trial period. Mr. Chetelat stated that the EMS office will monitor the effectiveness of the elimination of E.D. closure through drop times. He asked the nurse managers if there was other data that could be collected to help evaluate the process but no suggestions were given at that time.

Concerns were voiced regarding the closest facility protocol because the physicians feel that patients who have specific needs should be directly transported to the facility that has the specialists. Dr. Donald Reisch from Desert Springs Hospital wanted to address the issue of EMS providers transporting patients to any facility without taking into account the patient's injury. His concern is that since the elimination of diversion, the EMS providers have removed their critical thinking. Dr. Reisch also felt strongly that sick children should be transported to facilities equipped to handle pediatric cases. Jackie Taylor from UMC agreed that there should be a pediatric destination protocol.

Mr. Chetelat clarified that the paramedics are not using the elimination of diversion as the reason for transferring patients to the closest facility. The EMS providers are following the protocols that were approved by the MAB. The EMS office is simply the regulatory board that enforces the protocols. Mr. Chetelat reiterated that the current protocol states that patients are to be transported to the closest facility or the facility of their choice. The exceptions are trauma and burn patients. There is no pediatric destination protocol. Dr. Joseph Heck from CCHD advised that this issue has been referred to the Procedure/Protocol Committee to look at whether or not a pediatric destination protocol is necessary.

Mr. Chetelat explained that the former E.D. Closure protocol noted that pediatric patients seen at Sunrise or UMC within the last 48 hours would be taken back to those facilities. However, since the removal of E.D. closure, this policy no longer officially exists. Yet, this policy was created to force open a hospital that was in a closed status and since the elimination of E.D. closure, if a pediatric patient is seen at Sunrise or UMC and the parents are requesting the same facility, the patient will be transported to the facility requested. So even though the current language doesn't include a pediatric destination protocol, the same result will still occur. As long as the EMS providers inform the patients on the status of the hospitals and the patients are making an informed decision regarding their facility choice, there should be no problems, and therefore no liability on the providers. Dr. E.P. Homansky from Valley Hospital added that documenting what the EMS providers are doing and why they are doing it will automatically decrease their liability. Mr. Chetelat agreed and reiterated to the EMS providers to make sure to document all of their actions.

Dr. Davidson clarified that the 90-day trial of eliminating closure had nothing to do with the prior set destinations. They are two different issues. There have been some customary practices in the past specifically regarding pediatric patients but it has not been policy.

Dr. Marino announced that St. Rose Siena has a pediatric emergency medicine physician on duty from 3-11pm. Siena has a pediatric ICU and is staffed by the same intensivists that work in UMC's PICU.

Dr. Davidson stated that many of the facilities are able to provide pediatric stabilization but the two facilities that have housed these pediatric patients are UMC and Sunrise. He mentioned that he was unaware of Siena's pediatric capability and advised that this type of information should be presented to the MAB so that it can be outsourced. He also mentioned that he is aware of Summerlin being in the midst of developing a pediatric program. With the addition of pediatric care facilities, this should help offload some of the congestion at UMC and Sunrise.

C. Update on Community Triage Center

JoAnn Lujan from WestCare Community Triage Center announced that they are now accepting youth with substance abuse and dealing with detox issues. They can also handle children with some conduct disorders but they do not have the capability at this time to treat children with psychosis. Ms. Lujan also clarified that they will accept all patients and it is not required for the EMS providers to call prior to transport to verify whether a patient will be accepted.

D. E.D. Divert Statistics

Dr. Davidson noted that the E.D. divert statistics were included in the MAB packets.

Dr. Joseph Heck from CCHD explained that when the protocols were revised, the trauma destination criteria reflected the exact verbiage contained in the Nevada Administrative Code that one is required to follow by statute. One of the criteria under mechanism of potential injury was all motor vehicle accidents at a speed of greater than or equal to 20 mph were to go to the trauma center. Dr. Heck understood this change caused a problem because there was an influx of less than acute motor vehicle collisions in the trauma center and a decrease of cases at some of the facilities because they were no longer receiving the less than acute motor vehicle collisions. To address this issue, the EMS office is applying for a variance with the State Board of Health to raise that speed up to 40 mph, which would make it consistent with the 1999 gold book, the ACS optimal resource guide for the trauma patient. The board will hear this matter on April 23rd and Dr. Heck encouraged the hospitals and provider agencies to be present at this meeting. Mr. Chetelat added that discussions with the state show there is support for this variance and the board will possibly look into a regulatory change in the future.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Michelle Bogardus from the Operation Stroke Task Force handed the MAB information on a stroke conference that they are sponsoring on May 21st at the Orleans Hotel and Casino. There is a \$25 fee that includes lunch and includes 4.5 CMEs and 5 CEUs for attending. The conference will cover general information about the development of a stroke center in our city, public health burden of stroke, prehospital and in-hospital management of stroke and secondary stroke prevention.

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 4:07 p.m.