



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

PEDIATRIC DESTINATION TASKFORCE

October 7, 2009--9:00 A.M.

MEMBERS PRESENT

Michele McKee, MD, Chairman, UMC Hospital
Mark Calabrese, EMT-P, MedicWest Ambulance
Nancy Harpin, RN, UMC Hospital
Debbie Pavlica, RN, St. Rose Siena Hospital
Thomas Gowan, MD, Summerlin Hospital

Ravi Garehgrat, MD, MountainView Hospital
Michael Bachman, MD, Sunrise Children's Hospital
Kristine Bruning, RN, Summerlin Hospital
Chief Scott Vivier (Alt), Henderson Fire Dept.

MEMBERS ABSENT

Susan Crowder, RN, MountainView Hospital
Josh Heddon, Sunrise Children's Hospital

Allen Marino, MD, MAB Chairman
Chief Bruce Evans, North Las Vegas Fire Dept.

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, Regional Trauma Coordinator
Judy Tabat, Administrative Assistant

Rory Chetelat, EMSTS Manager
John Hammond, EMSTS Field Rep
Lan Lam, Recording Secretary

PUBLIC ATTENDANCE

Will Wagon, MountainView Hospital
Bob Heath, Education Coordinator
David Embly, RN, North Vista Hospital
Jay Fisher, MD, UMC
Mary Martinat, RN, UMC

Kim Dokken, RN, St. Rose Siena
Tom De La Puente, EMT-P, Las Vegas Fire & Rescue
Sandy Young, RN, Las Vegas Fire & Rescue
Renee Bourgeois, RN, North Vista Hospital
E.P. Homansky, MD, American Medical Response

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Pediatric Destination Taskforce convened in the Clemens Conference Room at the Ravenholt Public Health Center at 9:10 a.m. on Wednesday, October 7, 2009. The meeting was called to order by Chairman Michele McKee. She 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 McKee noted that a quorum was present.

I. CONSENT AGENDA

Chairman McKee stated the Consent Agenda consisted of matters to be considered by the Pediatric Destination Taskforce that can be enacted by one motion. Any item may be discussed separately per Taskforce member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes Pediatric Destination Taskforce Meeting August 5, 2009

Chairman McKee asked for a motion to approve the minutes of the August 5, 2009 Pediatric Destination Taskforce meeting. A motion to accept the minutes was made, seconded and passed unanimously.

Chairman McKee announced to the audience that public comment will be held until the end of the meeting so that Taskforce members are able to discuss the issues at hand without interruption. She asked that when the appropriate time comes for public comment, participants step up to the podium, identify themselves and state any affiliations they may have.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Illinois EMSC Tiers and Implications of EMSC Funding

Chairman McKee reported since the inception of the Taskforce, the Illinois tiered model has been the focal point of discussion. The tiers and implications discussed was a pediatric destination component that complied with the EMSC proposal that ensured facilities had the capability to care for pediatric patients. Since the presentation of the tiered system, a lot of discussion was generated. Through those discussions, she felt the consensus from the Taskforce members would be a system of simplicity.

B. Discussion of Two vs. Three Tiers for Clark County

Chairman McKee stated in the best interest for Clark County at this time, it would be best to have a single tier system; facilities will either be designated pediatric centers or not. She felt the best approach would be requiring 24/7 representation of a pediatric ER physician or pediatric critical care physician on site; nursing that is specific to pediatric ER; and a Quality Improvement (QI) process that is managed by the ER physician or critical care physician. Nancy Harpin, a Taskforce member, stated that she supported the destination idea proposed. Rory Chetelat, OEMSTS Manager, concurred stating that EMS supports this idea because they want to know that they're delivering a patient to a hospital that is capable of caring for the patient. Debbie Pavlica, a Taskforce member, supports the idea of a one tier system with the stated elements in place.

Dr. Bachman, a Taskforce member, questioned what the implications would be if EMS did not take patients to pediatric destination centers. Chairman McKee stated that there will be special circumstances where diversions are needed but in general, they will either transport somewhere with a pediatric ER or a pediatric intensive care unit that operates 24/7.

Chief Scott Vivier, a Taskforce member, referenced the current protocol stating that an EMS provider could contact a non-designated facility to ask permission to transport a patient there; he questioned if this would still be an option. Dr. Heck, Operational Medical Director, replied that it would depend on the recommendation of the Taskforce when it is presented to the Medical Advisory Board (MAB). It is Mr. Chetelat's preference to have this as an option to provide flexibility when dealing with a parent that insists on going to a different hospital.

C. Discussion of Recommendations to Medical Advisory Board

Chairman McKee made a motion to recommend a single tier system to the MAB. The facility has to have a pediatric ER physician or a pediatric critical care physician onsite 24/7, pediatric specific nursing for the emergency department and a QI process managed by the pediatric ER physician or the pediatric critical care physician. The motion was seconded and passed unanimously.

Dr. Ravi Garehgrat, a Taskforce member, questioned whether a pediatric hospitalist would fit these criteria. Chairman McKee stated that there is a significant difference between a pediatric hospitalist and pediatric emergency or critical care physician, so they would not be considered as equivalent.

Dr. Bachman questioned whether having four destination facilities would provide enough access to care. Chairman McKee answered that there are enough access points available but stated any hospital wanting to become a destination hospital should be clear on the objectives to be met due to its simplicity.

Dr. Heck noted that the current protocol states that if a patient has an unstable airway, providers are to transport to the closest facility regardless of destination protocol. Dr. McKee agreed with the protocol as stated and does not believe this should change. Ms. Harpin asked if a cardiac arrest patient with a stable airway would be transported to a pediatric destination center or the closest facility. Dr. Heck stated that these situations are dealt with on a case by case basis; but if providers are making the right decision for the patient they will not be considered out of compliance with the protocol.

Dr. Bachman questioned what the process would be for a hospital to become a designated facility. Chairman McKee advised that the ultimate decision would be left to the MAB as the purpose of the Taskforce is to recommend the minimum standard.

Dr. Heck asked for clarification when requiring nursing specific to the pediatric patient. Ms. Harpin stated the requirement would be certifications in Pediatric Advanced Life Support (PALS) and Emergency Nurse Pediatric Course (ENPC). She felt this should initially be measured by a percentage of those certified because it would be difficult to get 100% of the staff certified right away. One factor to consider may be requiring certification within two years from start to finish.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Overview of Nevada EMSC Program, Including Discussion of Pediatric Hospital Survey Project – Bob Heath

Bob Heath is the EMS Education Coordinator for the state of Nevada EMS office, the EMSC Program Coordinator and the EMS Data Manager. Mr. Heath reported that he has been focusing his efforts on improving pediatric care in the rural areas. He reported that the state receives a Health Resources and Services Administration (HRSA) grant for over \$100,000 a year. This grant has assisted in accomplishing goals such as replacing pediatric equipment for rural ambulance services and the purchase of three high fidelity pediatric simulators to assist in integrating care between prehospital providers and rural emergency department staff.

Mr. Heath noted that HRSA is requiring a performance measure of all hospitals in the state. A survey was sent out recently to identify whether the facilities have properly educated staff and equipment needed to care for pediatric patients properly. With the results submitted thus far, Mr. Heath has identified that Las Vegas valley hospitals have all the minimum equipment while rural hospitals need equipment to meet the minimum standard. With this in mind, he will continue to focus his efforts on improving the care in the rural communities.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Chairman McKee called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 9:42 a.m.