MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

TRANSFER OF CARE COMMITTEE

April 28, 2008 – 9:00 A.M.

MEMBERS PRESENT

Brian Rogers, Vice Chairman, HFD
Deputy Chief Mike Myers, LVFR
Ron Tucker, EMT-P, MWA
Carol Butler, Centennial Hills Hospital
David Embly, North Vista Hospital
Amy Bochenek, Centennial Hills Hospital
Kathy Beckett, Valley Hospital
Roy Carroll, American Medical Response
J.D. Melchiode, MountainView Hospital
John Higley, EMT-P, MFR
Jackie Levy, University Medical Center
Fred Neujahr, Sunrise Hospital
Katie Ryan, St. Rose San Martin
Ashley Brooks, Spring Valley Hospital

MEMBERS ABSENT

Chief Randy Howell, Chairman
Clark County Fire Department Rep.
Desert Springs Hospital Rep.
Mercy Air Rep.
St. Rose DeLima Rep.
Summerlin Hospital Rep.
Boulder City Fire Department Rep.
Mesa View Regional Hospital Rep.
North Las Vegas Fire Department Rep.
Southern Hills Hospital Rep.
St. Rose Siena Rep.
Boulder City Hospital Rep.

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Mary Ellen Britt, R.N., Regional Trauma Coordinator
Lan Lam, Administrative Assistant
Trish Beckwith, EMSTS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Jennifer Adams, AMR
Kathy Banusevich, MountainView Hospital
Marla Kiff, Desert Springs Hospital
Don Hales, MedicWest
Vickie Wright, Nevada Hospital Association
Larry Johnson, MWA
Mike Teague, AMR
Sandy Yanko, HCA
Jason Meilleur, AMR/MWA

I. CONSENT AGENDA

The Transfer of Care Committee convened in the Clemens Room of the Ravenholt Public Health Center on Monday, April 28, 2008. Chairman Rory Chetelat called the meeting to order at 9:06 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mr. Chetelat noted that a quorum was present.

Minutes SB244 Advisory Committee Meeting April 17, 2008

A motion for Committee approval of the minutes as written was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Mr. Chetelat suggested this Committee nominate a Vice Chairman to run the meeting in the Chairman's absence. A motion was made to designate Brian Rogers as the Vice Chairman in the event the Chairman is unable to attend the meeting. The nomination was seconded and all present were in agreement.

A. Report from NHA Ad Hoc Committee

1. Create Data Dictionary
2. Identify Trends

Mr. Rogers stated that the first mission was to change the name from NHA Ad Hoc Committee to Transfer of Care Subcommittee. Mr. Chetelat felt that it was not appropriate to name it a subcommittee and should remain NHA Ad Hoc Committee. No one opposed.

Mr. Rogers reported that one of the tasks assigned to the Ad Hoc Committee was to create a data dictionary. The first category discussed was the term "Immediate Transfer" which is currently being used not only for patient acuity but also when a patient is put into an open bed right away. The Ad Hoc Committee decided this term should only be used for patient acuity; patients that are not stable enough to be able to stop and give report.

Mr. Rogers stated that the Ad Hoc Committee discussed at length the exception report, the categories listed, including their definitions and arrived at the following suggestions:

- Add "EMS did not check out"
- Remove "Other"
- Remove "Equipment shortage"
- Re-educate on "Nurse did not transfer"
- Remove "Inpatient holds"
- Remove "Inappropriate transport"
- Leave in "Over capacity"
- Leave in "Nursing shortage"
- Leave in "IT computer problems"
- Leave in "Internal & External disaster"
- Re-educate on "Psychiatric holds" – There is a misperception whether this refers to the patient being brought in or there are too many psych patients in the ER taking up beds. The committee decided on defining it as the latter.
- Re-educate on "Critical patient event" – Need clarification on whether this refers to the patient being brought in or the patient the nurses are already taking care of.

Ashley Brooks stated that typically "Psychiatric holds" is used when the Emergency Department is unable to offload a mental health patient. Mr. Rogers stated this would best be represented to the legislature as "there are so many mental health holds taking up beds that patients can't been seen." Mike Myers agreed and stated that we need to track those things that affect the Emergency Rooms' ability to offload patients and draw up a strategic plan to remedy it.

Katie Ryan questioned whether the Committee had decided on a set percentage of beds to signify that an ED is at capacity to provide consistency across the Valley. Mr. Rogers stated that every hospital is different and coming up with a number has been difficult in the past. Jackie Levy stated that from a percentage perspective it would be the same, the amount of beds per the total beds that you have. Mr. Chetelat feels it is important to use the same standard for all facilities and take these types of suggestions back to the legislators. J.D. Melchiode agreed that this would be helpful when you are trying

to differentiate over-capacity versus mental health. Mr. Rogers stated he will add this item to the next NHA Ad Hoc Committee agenda.

The next item discussed at the Ad Hoc Committee was report parameters. Originally, immediate transfers were not counted in the average because there was no time to stop and enter transfer of care information because the patient was in critical condition. The Committee agreed that immediate transfers will be included in the calculation using 3 minutes as an average. It was also agreed that any call greater than 2 hours will be taken out of the calculation and listed as invalid, and any call that shows up as less than 3 minutes will be taken out of the calculation and listed as invalid. Mr. Melchiode stated that invalid calls should be tracked. Mr. Rogers noted that both valid and invalid categories will be included in the reports.

Mr. Rogers related that historically less then 5% of our patients are Code 3 returns. Currently 50% of the transfers are reported as "immediate transfer" and it was agreed that the goal should be to get that number below 7% to more closely reflect the Code 3 returns we typically have in the system. A suggestion was made to ask the hospitals to go back and make a note as to why it was an "immediate transfer" for purposes of accountability. Mr. Myers suggested that the individual hospitals police it initially, and revisit the issue 30 days from now to see whether some of the issues have resolved themselves.

Mr. Rogers stated the last item discussed at the Adhoc Committee was best practices. Although not all of the hospitals were represented, he noted that Desert Springs and Spring Valley have shown to be more effective in their process with TOC and were asked to explain their method.

Ms. Brooks stated that Spring Valley Hospital has one computer in a central location for EMS to check in. The charge nurse or staff nurse takes report at that time and then they are given a bed. EMS takes the patient to that bed and is not expected to give report again; the charge nurse will give the report or the chart to the nurse who is responsible for that bed. EMS will then go back to the same location and sign the patient out with the staff or charge nurse when the patient is placed in the bed.

Mr. Rogers expressed the fact that in many hospitals EMS gives report to either a triage nurse or charge nurse which is entered into a nursing assessment program and when a bed is assigned they give report again to the nurse who is responsible for that bed. He felt that this needs to go back to the Ad Hoc Committee for more discussion on how to make processes more consistent and efficient at each facility.

Mr. Rogers summarized the discussion by stating the Ad Hoc Committee needs to get a handle on the exception definitions so there is good data to report back to the legislature. Mr. Myers agreed and added we need to decrease use of the "Other" category. Mr. Melchiode felt that the Ad Hoc Committee was a very productive meeting and thanked Don Hales for creating the reports.

B. Discussion of Reporting Transfer of Care Data

Mr. Rogers stated that there are two reports the Ad Hoc Committee felt should be given to the legislature. The first one is the graph which is broken down by facility and then by percentage of >30 minutes, <30 minutes and immediate. The second is the Transfer of Care Summary Report which will also identify the reasons for delay.

Mr. Melchiode stated he would like to see the total number of ambulance runs for the same period to see how many were logged in or not logged in. Mr. Chetelat asked his staff if the EMSTS Office is receiving the monthly call volume reports to be able to tie those numbers to this report. Trish Beckwith replied the reports were not being submitted on a consistent basis. Mr. Chetelat stated he will make sure his office works on getting those numbers.

Mr. Chetelat recapped the items he will discuss at the May 6th Interim Health Committee and stated that he would try to prepare a PowerPoint to share with everybody before the meeting and include the updated reports.

III. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

John Higley from Mesquite Fire & Rescue requested that both Boulder Fire Department and Mesquite Fire & Rescue be exempted from the data collection and reporting requirement. He noted that their transfer of care times are low because Mesa View and Boulder City Hospital are small rural hospitals so they don't have the wait time issues that are experienced by the rest of the Valley.

Mr. Chetelat agreed to discuss the issue at the May 6th Interim Health Committee meeting. The current reports separate the two outliers so they don't average in with the Valley because they tend to skew the numbers.

IV. ADJOURNMENT

As there was no further business, Mr. Rogers called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 9:39 a.m.