Draft Minutes of Meeting-Subject to Change Upon Approval by the EMS Destination Criteria Committee At Their Next Regularly Scheduled Meeting

Southern Nevada Health District

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

EMS DESTINATION CRITERIA COMMITTEE

October 3, 2012 – 09:00 A.M.

ATTENDANCE

E.P. Homansky, MD, Chairman, AMR
Richard Henderson, MD, Henderson Fire Department
Chief Scott Vivier, Henderson Fire Department
Eric Dievendorf, EMT-P, AMR
Chief Troy Tuke, Clark County Fire Department
Gerry Julian, EMT-P, Mercy Air
Donna Forster, RN, Mt. View Hospital
Steve Johnson, EMT-P, MedicWest Ambulance
Christian Young, MD, Boulder City Fire Dept
David Slattery, MD, Las Vegas Fire & Rescue
Mark Calabrese, EMT-P, MedicWest Ambulance
Jim McAllister, EMT-P, LVMS
Steve Krebs, M.D., UMC
Shari Chavez, RN, Mt. View Hospital
Aaron Harvey, EMT-P, Henderson Fire

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Patricia Beckwith, EMS Field Representative
Mary Ellen Britt, Regional Trauma Coordinator
Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The EMS Destination Criteria Committee convened in Conference Room 223 at SNHD 330 S. Valley View Blvd., Las Vegas on Wednesday, October 3, 2012. Chairman E.P. Homansky called the meeting to order at 9:03 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law.

I. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chair Homansky asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

None

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of Existing Destination Protocols

1. General Patient Care (GPC)
2. Induced Hypothermia (IH)
3. Pediatric Patient Destination
4. Stroke

Discussion of Item A. was included as part of discussion of Item B.

B. Discussion of Future Destination Protocols

Dr. Homansky opened the meeting by thanking Dr. Slattery for allowing him chair this Committee and asked if he had any words of insight he would like to share with the Committee.

Dr. Slattery stated that initially the purpose of this meeting was to discuss developing a STEMI (ST-segment elevation myocardial infarction) destination protocol. The idea is to make this a collaborative effort, try to keep out of the politics and focus on patient care. He added that hospitals change, their capabilities change and felt that one of the missions of this Committee should be to keep track of those changes and revisit these destination protocols as circumstances change and evolve over time.

Dr. Homansky thanked Dr. Slattery and stated that in terms of this Committee he felt that it was still in a formative phase and furthering the direction will come as they develop the agenda. The makeup of the Committee will be those that attended and if they go in certain clinical directions they will make sure that the right players are involved and that the formation of this Committee fits the community.

Dr. Homansky asked the Committee to refer to the General Patient Care (GPC) protocol in their handouts and stated that it is a fairly in depth long protocol and asked Dr. Morgan if she has worked on this protocol. Dr. Morgan stated that she has completed this protocol and has been approved by the MAB. The name has been changed to General Adult/Pediatric Assessment and it does not go into nearly as much depth as the GPC and does not refer to destinations. Chief Vivier stated that in the current GPC protocol, there are 10 destination criteria listed. He felt that there is some work this Committee can do to simplify those out and referred to Section H. Disposition. Mr. Chetelat stated that the primary intent of this meeting is to make sure the current destination polices that are in place are still correct and working and then look at what else needs to be done. As Chief Vivier suggested, the first destination in the GPC is the trauma destination which is being looked at by the Regional Trauma Advisory Board at this time and will be going to the next Medical Advisory Board meeting for discussion and suggested that one be put that on hold and go to the next destination.

Dr. Slattery requested that time is set aside for STEMI. Dr. Homansky agreed to start with the discussion of a STEMI destination protocol.

Mr. Chetelat voiced concern regarding having a STEMI destination protocol. He stated that the one item they've always asked for when discussing destination criteria is having an outside body to verify that criteria. Dr. Slattery stated that Mission Lifeline has gained a lot of traction nationally and added that he is a member on the Mission Lifeline Regional Committee for the American Heart Association (AHA) and has listened to what other communities have done with regards to their STEMI systems of care. He felt that if you have post resuscitation patients from a cardiac arrest, about 25% to 30% of those patients need to go for PCI (percutaneous coronary intervention). He felt that they need the ability to deliver patients with STEMI to facilities that provide PCI 24/7 with performance measures attached in terms of first medical contact to balloon time because that is directly correlated with survival and his vision of this is to put IH and PCI receiving hospitals into one destination protocol. Dr. Homansky added that every hospital in the Valley with the exception of North Vista is chest pain certified. The metrics to be chest pain certified are the same and didn't know why they would need a separate set of metrics from what is a nationally recognized body that every facility in town has seen fit to get certified by. Dr. Slattery stated that he was not familiar with all metrics from being a certified chest pain center but does know the metrics that are available on the Mission Lifeline website and will email those out to anybody who requests them. Dr. Homansky stated that he will get the metrics for the chest pain certification as well. Dr. Slattery stated that the metrics are important on the back end but more importantly they need to know the capabilities of every hospital in the Valley in terms of not only PCI capability but also if they don't have that capability what is their referral source and have they tracked their times. Mr. Chetelat stated that he liked the idea of not having a standalone STEMI protocol but maybe having a chest pain protocol that includes where you go with STEMI and Induced Hypothermia (IH). Chief Vivier agreed and added that "The Society of Cardiovascular Patient Care" (SCPC) is the one that issues chest pain center certification. In Henderson only St. Rose Siena is chest pain certified so for years Henderson Fire have been taking their patients to Siena and bypassing the other hospitals. SCPC is an accrediting body and felt that this would be easy to model a very similar protocol to stroke receiving centers and stay consistent with the Mission Lifeline language which says that there is STEMI receiving hospitals. Dr. Homansky stated that he will make sure they have someone that is very knowledgeable with the metrics and the accreditation when this is brought back to this Committee.

Dr. Homansky asked the Committee to refer to the Induced Hypothermia protocol. Mr. Chetelat stated that the IH protocol will roll into that single chest pain protocol. Dr. Homansky agreed but questioned if they are gathering any data at this time. Dr. Slattery stated that the City of Las Vegas has been dependant on CARES (Cardiac Arrest Registry to Enhance Survival) since 2008 when they only had 3 hospitals initially; Valley, UMC, and Sunrise and then as the system has grown there are now 10 hospitals. Mr. Dievendorf stated that MedicWest (MW) has been in CARES since January of 2012 and AMR was going in September with the patients they transport in Clark County. Dr. Slattery stated that with all the CARES work that they have done with the community, the message has always been consistent that the only way to make an impact on this disease is a community approach rather than it falling on the shoulders of just EMS, or just a single agency or hospital. Dr. Young questioned whether they have been getting the information from the hospitals on the reciprocating side of the CARES data. Dr. Slattery stated that the hospitals have done an incredible job and that important linkage in AMR and MW's data base from what he has seen is different than in the main CARES registry and it is going to give us a broader view of what happens in post resuscitation care. Dr. Homansky asked that when the data is available for hypothermia to submit that report to the MAB for review.

Dr. Homansky asked Mr. Chetelat to go over what changes are going to be in place starting January 1, 2013 regarding Pediatric Patient Destination.

Mr. Chetelat explained that this was put in to place to allow the hospitals to get up to speed. We set the date that effective January 1, 2013 to be a pediatric destination facility, the hospital must:

- Provide 24/7 in-house coverage by a BC/BE pediatric emergency medicine physician or BC/BE pediatric critical care specialist.
  Note: Physicians providing pediatric EM coverage at a previously designated facility continuously since January 1, 2010 will be considered as meeting the requirements of this section.
- Have a Pediatric Intensive Care Unit
- Provide nursing services;
  80% of pediatric ED nurses must have ENPC certification with at least one ENPC nurse present at all times
- All pediatric ED nurses shall have PALS
- Quality improvement must be conducted by Peds/EM or PCC physician
  OEMSTS will audit for compliance

Mr. Chetelat reiterated the reason they adopted those standards is because there is no outside verifying body for this destination protocol. Dr. Homansky inquired that what has been done in the past is just ask the hospitals to answer a questionnaire which outlines all of those steps and they have to be able to say they provide all of that to be a destination. Mr. Chetelat answered in the affirmative. Dr. Slattery stated that he was contacted by Dr. Baron, Chief of Pediatrics for UMC, asking that this be looked at again because they made the argument that circumstances have changed so this will be an opportunity to bring the pediatric specialists together again and have this discussion. Dr. Homansky agreed and stated that to able to meet the time constraints of January 1st, that meeting is going to have to get together pretty quickly. Mr. Chetelat stated that his office will get it scheduled. Dr. Homansky questioned if those requirements were established by NRS. Mr. Chetelat stated that this criterion was developed from scratch and a lot of it was based on history. Dr. Homansky strongly recommended that they have at least two co-chairs for that meeting from two different facilities. Dr. Slattery asked if there was any opposition to extending the January 1, 2013 deadline to give them time to have a good discussion and dialog to move things forward collaboratively. Mr. Chetelat felt the safest thing to do is continue with what is in place and a task force will be formed to work on it as quickly as possible and if it takes longer than January 1st, they can always readjust after that.

Dr. Homansky questioned that in regards to stroke, was there any information on interfacility transfers, or retransfers because of missed triage or from facilities that are not stroke certified. Mr. Chetelat stated that he doesn't receive any data on interfacility transfers on strokes. Mr. Dievendorf advised that AMR does a fair amount every month of patients that go to the non stroke centers that their CCT team takes to stroke facilities. Dr. Henderson felt that would be fascinating to have that kind of information. Mr. Dievendorf stated that it should be easy to collect. Dr. Slattery announced Dr. Selco is working with UNLV looking at the entire system in doing some innovating things in terms of stroke care and stroke management. He then asked Dr. Young if it would be

possible to integrate this at one of his meetings with reporting of the stroke data which would be useful to report back to this Committee. Dr. Young agreed but felt it would be contingent on people bringing the data to the table. Dr. Slattery stated that he would have to look at the criteria for the stroke centers but believes the contingency was that if you were a receiving hospital you will submit data. The good news is all the hospital stroke centers capture this data already. Dr. Young added that sometimes just the administrative responsibility of compiling it and bringing it is taxing to people that are already overworked. He added that it will require some effort to approach them but if they reach out to them saying that they are trying to put this together from 911 to hospital discharge they should be able to show it.

Mr. Chetelat did a recap of the tasks that has been assigned. He stated that his office will put together the pediatric destination workgroup that will have at least two co-chairs representing two different systems to review the pediatric destination. Dr. Homansky stated that he will make sure to bring back the information on the cardiac centers of excellence. Dr. Slattery stated he will send out a survey monkey to seek capabilities for PCI and Cardiac Care to get an update from each of the hospitals.

Mr. Chetelat added and then we were going to get data back from interfacility transfers that needed additional follow up from stroke centers. Ms. Britt asked for a time frame on the data. The Committee decided to go back to January of 2012.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Homansky stated that the DMS-EmCare group and the Valley Health System will be hosting a seminar on November 13th at Texas Station and it will cover the latest updates in acute MI management and STEMI care from start to finish. Everyone is welcome and if you need any information you can get in touch with him or Mr. Chetelat who can get them in touch with him.

V. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chair Homansky asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chair Homansky adjourned the meeting at 09:43 a.m.