



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### PEDIATRIC DESTINATION TASKFORCE

February 4, 2009 -- 10:00 A.M.

#### SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager  
Trish Beckwith, EMSTS Field Rep  
Lan Lam, Administrative Assistant

Mary Ellen Britt, Regional Trauma Coordinator  
Judy Tabat, Recording Secretary

#### PUBLIC ATTENDANCE

Jay Fisher, MD, UMC Hospital  
Allen Marino, MD, MAB Chairman  
Elad Bicer, MD, Summerlin Hospital  
Todd Sklamberg, Sunrise Children's Hospital  
Minta Albietz, RN, Sunrise Hospital  
Alma Angeles, RN, UMC Hospital  
Jo Ellen Hannom, RN, CCFD  
Nancy Harland, RN, Sunrise Children's Hospital  
Bob Byrd, EMT-P, American Medical Response  
Larry Johnson, EMT-P, MedicWest Ambulance  
Don Hales, EMT-P, MedicWest Ambulance  
Amy Bochenek, RN, Centennial Hospital  
Eric Anderson, MD, FES  
Troy Tuke, EMT-P, CCFD  
Josh Hedden, Sunrise Children's Hospital  
Dan Petcavage, UMC Hospital  
Dale Carrison, DO, CCFD  
Nancy Harpin, RN, UMC Hospital  
Jeff Johnston, RN, Sunrise Hospital  
Debbie Pavlica, RN, St Rose Siena Hospital  
John Higley, EMT-P, Mesquite Fire & Rescue

Michele McKee, MD, UMC Hospital  
Jarrod Johnson, DO, Mesquite Fire & Rescue  
Will Wagnon, MountainView Hospital  
Kathy Silver, UMC Hospital  
Willa Dixon, Summerlin Hospital  
Billie Meador, Desert Springs Hospital  
Sandy Young, RN, LVF&R  
Bobbette Bond, NV Healthcare Policy Group  
Kady Dabash, EMT-P, MWA  
Eric Dievendorf, EMT-P, AMR  
Patricia Hatcher, RN, Spring Valley Hospital  
Wade Sears, MD, HCA/FES  
E.P. Homansky, MD, AMR  
Andre Pastian, Boulder City Hospital  
Michael Bachman, MD, Sunrise Children's Hosp.  
N. Brown, MedicWest Ambulance  
Chad Henry, EMT-P, MedicWest Ambulance  
Steve Patraw, Boundtree  
Scott Vivier, EMT-P, HFD  
Derek Cox, EMT-P, LVF&R  
Kim Dokken, RN, St. Rose Siena Hospital

#### CALL TO ORDER:

Dr. Jay Fisher called the meeting to order at 10:11 a.m.

## **ITEMS FOR DISCUSSION:**

### **I. Discussion of Taskforce Members**

Mr. Chetelat started off the meeting stating Dr. Fisher agreed to chair and that their primary objective is to report directly to the MAB with issues that relate to pediatric destination. He asked everyone to introduce themselves.

Dr. Fisher passed on the responsibility of chairperson to Dr. Michelle McKee. He stated she has proven leadership and involvement in prehospital services and can lead the Taskforce into the next stage. The first order of business was to designate members to discuss pediatric destination criteria to make prehospital EMS for children more functional. Dr. Fisher stressed the importance of physician representation from each facility. He noted that Dr. Bachman agreed to represent Sunrise and MountainView Hospitals and Dr. McKee agreed to represent UMC and St. Rose Hospitals. In addition, he asked for representation from Summerlin Hospital, the nurses, and EMS. Mr. Chetelat stated the Health District would also like a representative from both the public and private transport agencies. Mr. Wagnon suggested that nursing directors from each of these facilities also be included. Dr. Fisher commented the membership should start as a smaller group and build from there, if necessary. There are issues that need to be resolved to take the pediatric system to the next level. He would like to see Emergency Medical Services for Children (EMSC), a system that has been in place for some time and well integrated with EMS services, more involved with the process. Dr. Slattery offered the assistance of the QI Directors Committee to look at outcome measures and to help determine the predictors of the need for a higher level of pediatric care in our system. He noted it would be a great opportunity to get that information and share it with our local community. Mr. Wagnon recommended Ravi Garehgrat, the Medical Director at MountainView Hospital. Dr. Bicer stated that Summerlin Hospital's pediatric medical director is Thomas Gowan, so the representative would be either he, Dr. Gowan or Dr. Pape. Dr. Fisher recommended Nancy Harpin as the nursing representative since she has had a lot of experience with EMSC. Josh Heddon, the interim nurse manager at Sunrise Pediatrics, volunteered to serve on the committee. Mr. Chetelat asked the Taskforce members to give their contact information to the Health District staff.

### **II. Discussion of Taskforce Objectives**

Dr. Fisher stated there are many templates on pediatric destination but Illinois appears to be the best organized in the country since they used a template initially formulated by the American Academy of Pediatrics and College of Emergency Physicians in conjunction with the DOT to designate facilities into three levels of recognition:

- PCCC – Pediatric Critical Care Center – Dedicated PICU that shall have 24 hour in-hospital coverage by a Board Certified Pediatric Intensivist who is available within 30 minutes of patient arrival.
- EDAP – Emergency Department Approved for Pediatrics – Facilities that have a demonstrated interest in serving pediatric patients and meets CME requirements and diligence with regards to the process.
- SEDP – Standby Emergency Department Approved for Pediatrics – Standby or Basic ED (Rural)

Dr. Fisher related that Clark County has a population in the neighborhood of 2 million. There are four PCCC's which serve the community well. His vision is to initially have MountainView Hospital come in as an EDAP facility which will be discussed at a later date.

Dr. Fisher stated that if everybody is in agreement to use the templates already available in terms of how prehospital care for children is organized through EMSC then the first task is to set definitions of what creates a PCCC and EDAP facility and what the destination criteria would be for those facilities. Dr. Bachman agreed, and stated the next step would be to look at each institution and categorize it based on those definitions. Dr. McKee suggested that she be the focal point for each institution to feed her information on what each facility can provide and then compare and compile that information so there is a consensus of what each facility can provide for that subset of patients. Dr. Fisher stated that Loyola

University just published their EMSC annual report for 2008 and he will send out a link to everybody for their review.

Mr. Wagon reminded everybody that at the last meeting the EMS providers voiced concern over tiered systems and how complicated they can get. Dr. Fisher responded that it's going to take a lot of team work, but it is essential to keep the process simple. Dr. Marino asked if Chicago has a specific destination protocol for pediatric patients. Amy Bochenek stated that the facility she worked at in Illinois was recognized as a PCCC, but the standard is EDAP for most hospitals so that patients go to the closest hospital. There are also transfer agreements in place to go to a higher level of care if needed. Dr. Marino noted that this EMS system has always deferred to "go to the closest facility." He would like to see some gradation much like the trauma system where physiologic criterion is used. It's straightforward and helps to differentiate between the three levels. Dr. Fisher commented that they need to use the resources that have already been established, in the best way possible.

Ms. Harpin suggested that they include an educational component. Mr. Sklamberg related that the Illinois EMSC report depicts a huge commitment to education from both a field perspective and through case reviews.

Mr. Chetelat stated that a primary objective will be to set the data criteria so we know how we are doing in the future. Mr. Sklamberg agreed that it is important to delineate those measures of success initially. Mr. Wagon asked whether the Health District has the ability to QA the process across facilities. Mr. Chetelat stated that the Health District has peer review protection that is applied generically to any peer review quality assurance done in a committee formed under the District Board of Health. Dr. McKee stated that another easy measure would be to research the number of patients who are transported after the initial transport.

Mr. Chetelat recapped the objectives discussed by the Taskforce:

1. Facility designations
2. EMS triage
3. Destination potential
4. Education component for the system as a whole
5. Data criteria / QA Process

### **III. Set Meeting Dates**

The Taskforce agreed to meet on the first Wednesday of the month as necessary.

### **IV. Request to Receive Taskforce Agenda/Minutes by Electronic Mail**

Mr. Chetelat advised that the Nevada Open Meeting Law now allows electronic notices of the meeting. Forms were furnished to the members to complete giving them the option to receive meeting notices by email or by US mail.

### **V. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

None.

### **VI. ADJOURNMENT**

There being no further business, Dr. Fisher adjourned the meeting at 10:47 a.m.