Draft Minutes of Meeting – Subject to Change Upon Approval by the Pediatric Destination Taskforce At Their Next Regularly Scheduled Meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

PEDIATRIC DESTINATION TASKFORCE

November 15, 2012 – 09:00 A.M.

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MEMBERS PRESENT

Steve Krebs, MD, Co-Chair, UMC/St. Rose
Jay Fisher, MD, UMC/St. Rose
E.P. Homansky, MD, MAB Vice Chairman
Nancy Harpin, RN, UMC Hospital
Lynette Ball, RN, Summerlin Hospital
Robert Freymuller, CEO, Summerlin Hospital
Stephen Johnson, EMT-P, MedicWest Ambulance
John Trautwein, MD, Co-Chair, Summerlin
Dave Stocker, MD, Sunrise Children's
Jim Andrus, MD, St. Rose/Sunrise Children's
Debbie Pavlica, RN, St. Rose
Anne Schenk, RN, Summerlin Hospital
Eric Dievendorf, EMT-P, AMR
Patrick Foley, EMT-P, CCFD

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Mary Ellen Britt, Regional Trauma Coordinator
Michelle Nath, Recording Secretary

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Pediatric Destination Taskforce convened in Conference Room #3 at the Southern Nevada Health District on Thursday, November 15, 2012. Acting Chair John Hammond called the meeting to order at 9:05 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mr. Hammond noted that a quorum was present.

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. Acting Chair Hammond asked if anyone wished to address the Taskforce pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Acting Chairman Hammond 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, December 2, 2009

Acting Chair Hammond asked for a motion to approve the minutes of the December 2, 2009 Pediatric Destination Taskforce meeting. *Motion made by Member Homansky, seconded by Member Fisher and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion on Appointment of Pediatric Destination Taskforce Co-Chair's

<u>*A motion was made by Dr. Homansky to nominate Dr. Steve Krebs and Dr. John Trautwein as Co-Chairs for the Pediatric Destination Taskforce. The motion was seconded and passed unanimously.*</u>

B. <u>Discussion of Healthcare Facility Capabilities Regarding Pediatric Destination Criteria</u>

Chair Krebs opened the discussion by stating that the reason for bringing the Taskforce together is the pediatric destination criteria that will be effective January 1, 2013. The guidelines for the most part will stay the same other than the 24/7 in house coverage by a board certified/board eligible (BC/BE) pediatric emergency room physician or BC/BE pediatric critical care specialist. He added that there were some concerns raised from others in the community about what defines a pediatric intensive care unit and about the note regarding the grandfathering of physicians and asked the Taskforce for their thoughts.

Mr. Chetelat gave a brief history on how this criterion came about stating that the Southern Nevada Health District (SNHD) does not have authority inside the hospital doors so they have always relied on an outside authority to help determine what the facilities are able to provide. The trauma system is determined by the American College of Surgeons and the stroke centers are determined by the Joint Commission but the pediatric realm didn't have a specific outside entity that determined them as pediatric receiving centers. A lot of time was spent developing the criteria as a community based decision and by looking at several other models in other states. They set the higher criteria for 2013 because they recognized that it would take some time for hospitals to reach the status that the community felt was appropriate for the staffing levels. The grandfathering was also done because the assumption was individuals who had been doing it for quite some time obviously would have gained expertise if not through some other method like board certification.

Dr. Fisher stated that he was forceful in 2009 trying to continue to raise the bar and was hopeful with his goal of initiating a fellowship but failed to do that and after 20 years of work he felt that the community does recognized the four facilities that are presently designated as pediatric designation facilities. He added that he is not trying to lower the standard of care in the community but because of the rules that he participated in setting forward he has struggled recruiting physicians to this region.

Mr. Chetelat commented that from the Health District perspective they need to be careful how they approach destination criteria. The Health District in particular doesn't want to be manipulated to provide market share and that is not to say that is what is happening in this case but he wanted to make it public that the Health District is here to make the sure the patient gets to the next higher level of care and then it's up to the hospitals to stabilize and transfer if appropriate. The new leadership at the Health District is adamant about making sure they draw the line at the door and not overstep that boundary.

Dr. Homansky added that there has not been a documented issue with EMS going to inappropriate places so he felt that they are raising the bar. He believed that economic incentives and politicization of the process had a way to become involved in what is done in prehospital care and Dr. Fisher, Dr. Heck and Mr. Chetelat prevented that from happening at that time. He felt that what Dr. Fisher was saying that there is a way to continue to elevate what they do and not put the burden on EMS.

Chair Trautwein suggested keeping the system that is in place right now as the system moving forward. He added he would like to see this Taskforce be a standing committee because he felt there is an opportunity to improve the overall care for the pediatric patient and suggested that both he and Dr. Krebs meet with the individual medical directors from the current four pediatric specialty centers to come up with some criteria which will not only meet but probably exceed some of the national guidelines giving Las Vegas a much better presence within the EMS community but at the same time not limiting our ability to provide care in the appropriate manner.

Dr. Fisher stated that he has applications on his desk right now that don't meet the criteria for serving in a pediatric emergency department (ED) who are very qualified and would like that considered in that criteria. Dr. Andrus felt that as long as they are maintaining quality. Dr. Stocker agreed and felt that could be done while also maintaining high standards and continuing to even increase standards.

Chair Trautwein stated that there are some national criteria in the Joint Policy Statement from American College of Emergency Physicians that states "the physicians who staff the emergency department must have the necessary skills knowledge and training in the emergency evaluation and treatment of children of all ages who may be brought to the emergency department consistent with the services provided by the hospital." He stated that is a national guideline; it's put out by the three major credentialing organizations and proposed that they use that verbiage which allows everyone the same leeway.

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Dr. Fisher suggested identifying which communities in the country are operating in that fashion which will let the community know that they are not trying to lower the standard. He felt that they gave having board certification a good try but it has failed. Mr. Chetelat questioned if the basis of the motion would be to remove the board certification for the physician level. Dr. Fisher stated that as it stands now it is too restrictive and felt that it is impairing their value added programs. He added that he would like to look at asking the community to revisit that grandfathering criterion as well. Ms. Harpin from UMC didn't feel that grandfathering should be removed.
Mr. Chetelat asked if they wanted to extend the deadline rather than remove it entirely.

Dr. Fisher stated that would require re-wording because right now as it stands it has to be somebody who has been in the community for a period of time which he felt was overly restrictive. He noted that he is not in any way an agent of his individual facility and they reserve the right to advertise their coverage as they see fit.

Chair Trautwein stated that unless someone has any issues or quality concerns with the current system that is in place right now they could probably just continue this current system with the four pediatric destination centers and delay any sort of implementation of any other criteria until such time that we can all meet and come up with something.

Mr. Harpin questioned if 80% of the pediatric emergency department nurses having ENPC certification in this community before this criteria is adopted. The Taskforce answered in the affirmative.

Dr. Fisher asked the Taskforce to ask the hospitals to raise their bar with regard to infrastructure. He made a request to the Taskforce to have EMS focus their attention on requesting proper, staffing, space and infrastructure services within the pediatric facilities.

Motion made by Member Fisher to liberalize the current criteria to read " Provide 24/7 in-house coverage by a board certified pediatrician with extensive emergency medicine experience under the auspices of a director who is board certified in pediatric emergency medicine", seconded by Member Homansky and carried unanimously.

Chair Krebs stated that further defines the credentialing statement of the quality that we want from the emergency room standpoint but questioned the issue of 24/7 in house coverage. He added that Dr. Trautwein in his research has pulled up many examples from across the country and national guidelines saying as long as there is nearby availability whether that is 5 or 10 minutes or even accessible by phone if something comes in, that might be another way also to provide some relaxation of the criteria.

Dr. Andrews stated that the general criterion from an ICU standpoint is to have coverage within a 30 minute radius. He added that most of their physician's coverage actually was in 20 minutes.

Chair Krebs stated that would offer more relaxation until in the future they are at a point to satisfy completely and can modify that at a later date. Chair Trautwein stated that the national standard is available 30 minutes or less and felt that would be a good compromise.

Chair Krebs made a motion to amend language of 24/7 in-house coverage to be available on site within 30 minutes. The motion was second and carried unanimously.

Mr. Chetelat asked Dr. Homansky if that would be acceptable by the Medical Advisory Board (MAB). Dr. Homansky asked if Dr. Trautwein, Dr. Krebs and Dr. Fisher could be present at next MAB which is January 2, 2013.

Dr. Homansky suggested that if the four institutions want to meet on a regular basis they can do it separate from the auspices of the MAB and this Taskforce so it doesn't have to be noticed but agreed that this Taskforce be a standing committee once a year and that a QI pediatric committee be formed. Mr. Hammond advised the Taskforce that there is a mechanism for a QI Pediatric meeting. The EMS QI Directors Committee meets monthly and every fourth cycle they report a pediatric case.

Chair Trautwein summarized the discussion that the plan moving forward is that the destination criteria would be what are currently in place and there will not be a change come January. Dr. Fisher suggested that they should do some work on what the definition is on extensive experience and what other communities of our size have used. He added that in some places he has seen three years of ED experience and then just to make sure that we make some language in there about how this is being routinely evaluated by the EMS/QI process as well as their own in-house QI process.
Mr. Chetelat suggested that the four hospitals get together, develop some language that they are all in agreement with and bring it forward to MAB. He felt that they can make the decision to suspend that requirement going in place January 1, 2013 from the Office of Emergency Medical Services & Trauma System (OEMSTS) and

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pending the discussion at the MAB they can craft language that everybody is comfortable with and move forward from there.

Chair Trautwein asked that the new criteria be suspended through July 1, 2013 which will give plenty of time to work and since all fellowships end July 1st they will still be actively recruiting.

Mr. Chetelat stated that they will extend it until July 1, 2013 and then we will wait for the four hospitals to come back with language that everybody is comfortable with. Dr. Homansky stated that he thought the language was such that it wouldn't go into effect in January of the original motion. Mr. Chetelat stated that it will be cancelled effective the 1st of January.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Ms. Harpin stated that if the four hospitals get together it would be a perfect time that they might be able to talk about a common problem that every facility is facing which is not EMS related but psych related. Mr. Chetelat agreed stating that would be excellent since that is still a pending major crisis. Dr. Homansky suggested that whatever recommendation is made to send that to Dr. Tracey Green at the State because she is working on that issue but I'm not sure she's focused on pediatric side.

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 Krebs 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 Krebs adjourned the meeting at 9:40 a.m.

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