

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Fourth Session
February 28, 2007**

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:34 p.m., on Wednesday, February 28, 2007, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/74th/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sheila Leslie, Chair
Assemblywoman Susan I. Gerhardt, Vice Chair
Assemblyman Bob L. Beers
Assemblyman Joseph P. (Joe) Hardy, M.D.
Assemblywoman Ellen Koivisto
Assemblywoman Kathy McClain
Assemblywoman Bonnie Parnell
Assemblywoman Peggy Pierce
Assemblywoman Valerie E. Weber
Assemblywoman RoseMary Womack

COMMITTEE MEMBERS ABSENT:

Assemblyman Lynn D. Stewart (excused)

GUEST LEGISLATORS PRESENT:

Senator Dennis Nolan, Clark County Senatorial District No. 9



STAFF MEMBERS PRESENT:

Sarah J. Lutter, Committee Policy Analyst
Katrina Zach, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Dr. R. Keith Schwer, Director and Professor of Economics, University of Nevada, Las Vegas, representing Nevada Kids Count
Rory Chetelat, representing Southern Nevada Health District
Rusty McAllister, President, Professional Firefighters of Nevada, Las Vegas, Nevada
Gary Milliken, Government Relations, GEM Consulting, Las Vegas, Nevada
Brian Rogers, Vice President of Operations, MedicWest Ambulance, Las Vegas, Nevada
Randy Howell, Division Chief of Emergency Medical Services, City of Henderson Fire Department, Nevada
Bill Welch, President and CEO, Nevada Hospital Association
Dan Musgrove, Associate Administrator, University Medical Center, Las Vegas, Nevada
Dr. Carlos Brandenburg, Administrator, Division of Nevada Mental Health and Developmental Services, Department of Health and Human Services
Ernie Stegall, Director of Emergency Department, Sunrise Hospital Medical Center, Las Vegas, Nevada

Chair Leslie:

The Committee on Health and Human Services will come to order, please. [Roll taken.] Mr. Stewart is excused. We have a few items of business before we have our first presentation. One is the introduction of BDR 39-306.

BDR 39-306—Revises provisions concerning emergency admissions of allegedly mentally ill persons to certain mental health facilities. (Later introduced as [Assembly Bill 225](#).)

ASSEMBLYWOMAN MCCLAIN MOVED TO INTRODUCE
BDR 39-306.

ASSEMBLYWOMAN GERHARDT SECONDED THE MOTION.

MOTION PASSED. (ASSEMBLYMAN STEWART WAS EXCUSED.)

Chair Leslie:

I will appoint a subcommittee to work on Assembly Bill 146. The Hospital Association and other interested parties who want to work on this bill have contacted me. I am appointing myself as the chair of the subcommittee. We will be holding hearings on the bill, and I will ask my secretary to schedule time that works for everybody.

Let us move ahead into our first presentation today from Nevada Kids Count.

Dr. R. Keith Schwer, Director and Professor of Economics, University of Nevada, Las Vegas, representing Nevada Kids Count:

[Submitted ([Exhibit C](#)).] I am here today on behalf of Nevada Kids Count. We are writing Nevada Kids Count, which will be distributed to your offices. The report evaluates the status of children in Nevada. The book is a county-by-county assessment that looks at health, economic well-being, education, safety, and juvenile justice. It is important to use these two books: Nevada Kids Count and National Kids Count. Nevada Kids Count gives us information on the state of Nevada, and National Kids Count allows us to compare Nevada's data with data of other states.

We are trying to identify why investing in children is so important. Over 15 percent of Nevada's children are growing up in below-poverty-line households. Today Nevada has many disadvantaged children, as well as many disadvantaged adults who live in those households. I would like to note that early intervention pays dividends. There is a significant body of research by economists and psychologists that find early development of skills enables further skill development later in life. The Chairman of the Federal Reserves [Ben Bernanke] noted that investing in children is critically important as it keeps the United States' economy competitive. Investing in children allows young people the opportunity to participate in the economy and the future.

On another note, investing in children reduces crime. Each prisoner costs \$1.3 to \$1.5 million, and if we can reduce people going into the criminal justice system by investing early, it will pay significant dividends.

Please focus on slide six, which identifies the benefit-cost ratios of investing in children. The Perry Preschool Project of 1962 to 1967, a program that invested in children under the age of five, showed that the benefits exceeded the costs. Other studies provide overwhelming evidence that early intervention pays. In other words, the benefits to society are greater than the costs.

In conclusion, the research shows early intervention pays dividends. At Nevada Kids Count, we are interested in measuring what we value, and we value what we measure. To quote James Heckman, winner of the Nobel Prize in Economics, "The best way to improve the American workforce in the 21st century is to invest in early education."

Chair Leslie:

You talked a lot about the early intervention indicator in your presentation. Were there any other indicators that changed for the better or for the worse this year?

Keith Schwer:

It is clear the teen indicators do the worst. There is a debate on whether or not we need to focus research on teenagers, or whether we need to focus on three to five year olds. For the state of Nevada, research needs to be concerned with both. The teen birthrates and high school dropout rates of Nevada capture our attention. The indicators that were down this year as compared to last year were the birthrate and the child death rate. The teen birth rate improved, as well as the high school dropout rate, the infant mortality rate, the teen death rate, and the juvenile violent crime rate. In those areas we have shown improvement.

Chair Leslie:

Does the book Nevada Kids Count offer policy advice?

Keith Schwer:

No. Our efforts are to measure data as effectively as we can. Our hope is to provide you with data so you could better formulate policies. They are not in-depth suggestions about specific policies.

Assemblywoman Gerhardt:

Are the teen problems particular to Nevada or do you see a similar pattern with teenagers across the nation?

Keith Schwer:

Working with two sets of data is useful. The Nevada Kids Count has data from across our state, county by county. The National Kids Count provides data that compares Nevada with other states. We have noted there is some improvement, as modest as it may be, of the teen indicators. But if you look at the national indicators, we are below the national average. While the teen birthrate in Nevada has improved, Nevada is still in the bottom third.

Assemblywoman Womack:

Were wellness or health issues considered in this study?

Keith Schwer:

The book that we produce each year varies. In the odd years, the legislative years, we provide an abbreviated form. It is a very small book. In the even years, we spend more time reviewing policies and include a lot more information. In last year's 2006 book, health and wellness issues were considered. I should note we are open to your guidance and direction of the issues that you think are important. We can pursue those issues with the resources we have to provide you with additional information.

Assemblywoman Parnell:

Do we have access to the even-year policy book, along with the odd-year book? It might help us.

Keith Schwer:

Yes. We distribute the book throughout Nevada. It is also posted on <http://kidscount.unlv.edu>. If there are questions, give us a call. Not all information is in the book. There is some data left out, simply because of size or fund issues, but we are open to responding to your needs.

Chair Leslie:

The rest of our agenda today will focus on emergency rooms in Nevada. For our new members, this was a hot topic in the 73rd Session. There was a lot of concern for wait times in emergency rooms, especially in Las Vegas. There is concern for patients, the ambulance companies, and the firefighters who respond to emergencies. We heard testimony on the mental health crisis, the lack of 24-hour urgent care centers, and the uninsured using emergency rooms as their primary source of health care. The Committee authored A.B. No.175 of the 73rd Legislative Session. We did a lot of work, and I think we did a lot of good. In the 73rd Session, the Committee passed S.B. No. 458 in an effort to address these issues. We will be discussing S.B. No. 458 today.

Sarah J. Lutter, Committee Policy Analyst:

[Reads [Exhibit D](#).]

Senator Dennis Nolan, Clark County Senatorial District No. 9:

Overcrowding of emergency rooms is a major problem in southern Nevada. The shortage of emergency room beds overwhelms the emergency medical service, so much so that it became a crisis two years ago. In the 73rd Session, the Senate was approached by all the emergency agencies from southern Nevada, who asked us to introduce S.B. No. 458 of the 73rd Legislative Session. Population growth and lack of mental health facilities are a few reasons why this problem became a crisis. We met with emergency medical service providers and the hospitals, and we discussed why the crisis happened. Things have improved significantly. The turn around times of ambulance crews, which were as long as three to four hours, have been reduced dramatically.

There is no written summary of this study because it took a long time to implement a standardized statistics gathering mechanism. Once paramedics and medical facilities could gather information, there were procedural problems. The information was corrupted from a misunderstanding of the procedure by different parties, and therefore the information is not valid. I will let the emergency medical service (EMS) providers elaborate on that.

The EMS providers and I met with the Nevada Hospital Association to discuss improving the study by putting together a bill draft request. I submitted BDR 94, and as soon as I have a formal draft for BDR 94, I will submit a copy to the Committee. The BDR 94 codifies the study into a practice where data gathering of turn-around times of ambulance crews would be made into a regular monthly report, which would be submitted to the Clark County Department of Health. The report will be reviewed in a public forum.

Chair Leslie:

I am confused about whether the study exists or not. Is there anything in writing that shows the study was done?

Senator Nolan:

Yes, there is documentation. At the beginning of the study, there was a big learning curve among emergency room staff. After S.B. No. 458 was enacted, it took 12 months to set up the study. There were issues of buying the hardware and software, and training the emergency room staff. Once they finally got going, the information that came out of the study was not correct. They have been working diligently on developing real data to find out the average time it takes an ambulance crew to get in and get out of the hospital.

Rory Chetelat, representing Southern Nevada Health District:

We have been working hard on the study. I just received the data yesterday. Unfortunately, we do not have a report writing capability built into the software. Because it is raw data, it is not in a reportable format. I should have a complete report available within a week or two weeks that would give an analysis of the entire 2006 year. There are over 100,000 records in the database. We will do reporting based on S.B. No. 458 of the 73rd Legislative Session once we have a chance to look at the data and compile it.

Chair Leslie:

Are there other reports we could look at?

Rory Chetelat:

I gave the report to the Interim Health Committee in November 2006. That data would be incorporated in the report. I would be glad to report the data monthly or quarterly. As Senator Nolan explained, we had a lot of trouble getting the system up and running. We have data that goes back as early as January 2006, but it took three to four months for some hospitals to get software in place. All the hospitals had software and computers in place by June 2006. I have six months of complete data for 2006.

Chair Leslie:

Is the report that you will have ready in a week the first report that we can actually look at? I remember when you visited in November 2006, we did not have much data to look at.

Rory Chetelat:

This will be our first complete report. I did have a report, but it only has several months of data.

Chair Leslie:

Are you confident that the data you received yesterday meets regulations that were promulgated under S.B. No. 458?

Rory Chetelat:

I believe all the data we gathered meets all the requirements under S.B. No. 458 but we do recognize that there are some other problems.

Chair Leslie:

Are there regulations that you can provide for this Committee?

Rory Chetelat:

I do not believe we wrote any specific regulations. We used S.B. No. 458 of the 73rd Legislative Session as our guideline.

Chair Leslie:

In Section 1 of ([Exhibit D](#)), it says, "The Health Division shall adopt regulations concerning the manner in which a hospital and an attendant responsible. . . ." It sounds to me like there should be regulations, not just general guidelines. Why would the Health Division, or the Southern Nevada Health District, not have regulations in place?

Rory Chetelat:

I cannot answer that. I thought the Health Division was going to write regulations because S.B. No. 458 directed the Health Division to do that. The Southern Nevada Health District worked hard with the community to develop the software and gather the data, but we did not write regulations.

Chair Leslie:

The S.B. No. 458 says the Health Division can delegate that to you. ([Exhibit D](#)) says, "...if only one county participates, the Health Division may delegate. . . ." No wonder we do not have consistent data, if there were no regulations for people to follow. If they delegated it to you, they should have followed up. If they were here today, I would like to ask them why they did not follow up to make sure whose responsibility it is to write regulations. The bill clearly says there must be regulations. Are the guidelines written down?

Rory Chetelat:

I believe I might have that. My understanding was that the Health Division needed to write those regulations because the Southern Nevada Health District does not have authority over the hospitals. If we were to write regulations, the regulations would only apply to the EMS community.

Chair Leslie:

I am going to ask our staff to follow up with the Health Division. I would like a written response within a week about why regulations were not written, and why there was no follow-up.

Mr. Chetelat, how can we have a report where we could look at the wait times? We would like to know why people are waiting, and what needs to be done. We are getting a lot of complaints.

Rory Chetelat:

I believe we need to find a way to totally automate this system. Anytime you rely on human input, inherent errors will occur. One of the problems is that the nurse forgot to do the transfer. That means a lot of the data is not valuable simply because someone forgot to do the transfer. We also know that a number of EMS calls did not get registered in the system for a variety of reasons: EMS forgot, the computer was turned off, or the system was down. We believe approximately a third of the total EMS calls were not registered in the computer system, and 70 percent of those unregistered calls were because someone forgot to do the transfer. We have a lot of data, but because it is not an automated process and requires human input, there are a lot of pieces missing.

Chair Leslie:

That does not give me much confidence in the report you will have in a week.

Rory Chetelat:

I do not have a lot of confidence in the numbers either. I do not believe they are as strong as we could have hoped for.

Chair Leslie:

You are being far too kind. Seventy percent forgot the transfer? How can we have any confidence in that data?

Rory Chetelat:

The problem is that hospital staff is so busy with patient care that they forget to go to the computer and complete a transfer. We have a product coming out where the paramedics will carry laptop computers. The EMS providers can log the patient in upon arrival at the hospital, and then the nurse or receiving facility can log the patient off at the bedside using the laptop. This would automate the process so they will not have to run to the front desk to complete the transfer of care.

Chair Leslie:

I would like to request a copy of the guidelines. From my understanding, the data we have is not very good, and there are no regulations. From your testimony, it sounds like S.B. No. 458 of the 73rd Legislative Session was a waste of time.

Rory Chetelat:

I think it was a step in the right direction. If we can automate the process, I believe we can do something good with it. I have to agree with you. Unfortunately, I do not think much of this data has much value right now.

Rusty McAllister, President, Professional Firefighters of Nevada:

During the 73rd Session, there was controversy between the hospitals and the EMS providers about the amount of time it was taking to transfer a patient. It was somewhere between 20 minutes and 88 minutes. S.B. No. 458 of the 73rd Legislative Session required a check-in time and a check-out time for the patient. Based on this report ([Exhibit E](#)), there was no time in or time out, and that was part of the discussion during the 73rd Session. The purpose of the report is to see if there is a reduction in transfer times.

Chair Leslie:

Mr. Chetelat, did the guidelines ask for time in and time out? Mr. McAllister raises a good point. Why is that not collected?

Rory Chetelat:

I do have the data, but it is just not in that report. The final report will include the average transfer of time.

Chair Leslie:

That data will be sent to us in a week?

Rory Chetelat:

Yes, as much data as I have. We started gathering data in January, but we were not able to collect data from all hospitals until June.

Assemblywoman McClain:

What does "nurse did not transfer" mean?

Rory Chetelat:

"Nurse did not transfer" means the nurse forgot to do the transfer.

Chair Leslie:

If you could clarify that in your final report, it would be valuable information. We definitely want time in and time out data.

Assemblywoman Koivisto:

What procedure takes place to transfer a patient from an ambulance to a hospital?

Rusty McAllister:

When EMS and patient arrive, they go to the emergency room where they meet with a nurse. A report is given by the EMS to a representative of the hospital, and then there is a transfer of care from the EMS to the hospital personnel. Once the transfer occurs, the EMS is able to leave the hospital.

Assemblywoman Koivisto:

Somebody is not doing something as simple as writing the transfer down. It seems like it is a simple fix.

Rusty McAllister:

The purpose of S.B. No. 458 of the 73rd Legislative Session was to get more definitive means of transferring care. There is supposed to be an advisory committee in coordination with the hospitals, the Nevada Health District, and the EMS providers. I do not know if that has taken place.

Chair Leslie:

Mr. Chetelat, is there an advisory committee?

Rory Chetelat:

Yes, we did have an advisory committee. We met in January 2006 through February 2006 every couple of weeks.

Chair Leslie:

Could you provide a list of who those members are? I think the Committee would like to review that.

Rory Chetelat:

Yes, I will certainly get that for you.

Gary Milliken, Government Relations, GEM Consulting, Las Vegas, Nevada:

During the 73rd Session, I worked with Senator Nolan on S.B. No. 458. We wondered if some hospitals do a better job of transferring care than other hospitals do. By having the proper data, we can judge if Hospital A is doing a good job while Hospital B is not doing a good job. What is Hospital A doing that Hospital B can do?

Chair Leslie:

Are you satisfied with the data? Do you think we have to start over? Do you have any comments on Mr. Chetelat's suggestion to automate the system?

Rusty McAllister:

The data does not show what we tried to do during the 73rd Session. What we wanted to do was to define what was going on in emergency rooms, set specific guidelines for patient transfers, and show if there is a reduction of transfer times. I am not sure that took place.

Gary Milliken:

Automation is the way to go, but it seems like it is taking such a long time. Automation is great, but I think we need get that done in a specific time period. We need to have a system that gets good results as soon as possible.

Chair Leslie:

I agree. I do not think anybody sitting on this Committee is interested in spending two more years not getting anywhere. I have asked our researcher to keep note of things that we might want to explore. Automation is something we will definitely work on. I can tell you right now, without hearing any more testimony, I am not satisfied. This did not meet our intent. We need to work on this, and we know you will be working with us.

Brian Rogers, Vice President of Operations, MedicWest Ambulance, Las Vegas, Nevada:

When we came to the Legislature during the 73rd Session, we were in a crisis. Although things are not as good as they should be, I can tell you EMS providers are able to serve the community better. That was the ultimate goal, and I think we achieved that. We need to keep going in this direction. We never had this much achievement in as short a period of time as we had in the last 18 months. I want to thank you for all your efforts.

We are doing our best with this program, but it is not working. For example, many hospitals have a machine for EMS providers to sign in at the triage area, but the triage area is nowhere near the patient care area. The nurses do not walk outside the patient care area to let the EMS providers know the patient has been transferred. It is a problem when there is a great distance between the check-in machine and where EMS drops the patient off. We need to fix that flaw. I look forward to working with the Health District and the hospitals. I think with your direction, we can do it in a relatively short period of time. We can develop a definitive plan on how we are going to report valid data to you.

Chair Leslie:

That is testimony I like to hear. I am assuming you mean the next month, not the next two years.

Brian Rogers:

If we have to work on this for the next 28 days straight, if that is your pleasure, we would do that. We look forward to keeping this going.

Chair Leslie:

That is what we want, a plan that is workable.

Randy Howell, Division Chief of EMS, City of Henderson Fire Department:

Our wait times have been reduced, and that was the purpose of why we came to the Legislature during the 73rd Session. I think we are moving in the right direction. The study was to determine the root causes of why there were wait times, and that has failed miserably. As Mr. Chetelat mentioned, we have a new data collection tool that we will be implementing throughout Las Vegas. Instead of the nurses having to walk away from the patient's bedside, they can perform the transfer at the bedside. I am optimistic we will have better data than we have now. This will not happen in the next 30 days, but it will happen once we get these systems implemented.

Chair Leslie:

Were you able to offer that suggestion to the advisory committee?

Randy Howell:

That was discussed. It was estimated that will take 90 to 120 days to implement. This is a huge project we are trying to implement in Clark County, and it is taking a long time.

Assemblywoman Weber:

I remember when we heard this issue during the 73rd Session, there was a crisis. What do you think changed since then?

Randy Howell:

The Chief Health Officer made it clear to everyone in the system that S.B. No. 458 of the 73rd Legislative Session is the law. I believe that is what caused a significant improvement.

Brian Rogers:

The EMS has to turn in data to the local jurisdiction on a monthly basis, on every call we run. We have the data. I can show you an improvement just so you can see that what we have done here works.

Chair Leslie:

That is an excellent point. We do not doubt you. The whole idea of this project was to bring that data together so we can compare hospital performance of transfer care. That frustrates me more that you have that data, but we do not have that data. The data helps us make good policy decisions.

Bill Welch, President and CEO, Nevada Hospital Association:

When S.B. No. 458 was passed, there was no funding to facilitate the process. We needed to define the data collection process. There was discussion about collecting data by hand, and there were concerns about how much time it

would take to collect the data. We agreed to use an electronic system to ensure there would be quality data.

We began meeting in the fall of 2005, and to everybody's disappointment, including the hospital community, it took us quite a while to identify what software would be the most appropriate to implement. It was months into the process when we finally identified, as a collective group, the software package to utilize. Once we identified the software, the software needed to be written, and unfortunately that took a long time. The companies say they can write the software in 90 days, but 180 days later, they are still working on it. It was not until the spring of 2006 that we had a system that is functional. As we began to implement it in the hospitals, bugs were identified. There was much time spent working through those issues.

I cannot sit here today and say the system is perfect, but since the late fall of 2006, the software package is working better to collect the data. I would acknowledge there has been human error in the system. I can assure you the hospital community is interested in making sure there is quality data so that we can work toward addressing the issues that cause the delays in the emergency rooms. We met with Senator Dennis Nolan, and we support the continuation of the system. The hospital community continues to meet. In fact, we met in January 2006 where we reviewed the data and discussed how we might use this as a root cause analysis because some hospitals are clearly doing a better job than other hospitals. Again, the hospital community supports the objectives of this legislation, and we look forward to improving the process. I encourage looking at funding that would help facilitate this process. The Nevada Hospital Association agreed to be the banker for the process. If we are going to get where we need to be, there will have to be financial assistance.

Chair Leslie:

Mr. Welch, how do you know that some hospitals are doing better than others? How do you know that, and we do not know that?

Bill Welch:

I got that information from a previous speaker's report. There is data from the system that shows the decrease in transfer times.

Chair Leslie:

But can you see our frustration? The whole point of S.B. No. 458 of the 73rd Legislative Session was so we could have a report. Everybody that has testified so far says it is better, but we do not know that.

Bill Welch:

Madam Chair, I certainly understand your frustration. I do not believe the lack of data is anyone's intention. I believe all parties involved are committed to make sure that the data is as accurate and thorough as possible.

Chair Leslie:

I understand. People are saying it is better. We pass this legislation so we could all have this information, and form our policy decisions. All I have heard today are excuses. I cannot figure out if it is because there are no regulations, or if it is because there was not sufficient money. Those are the answers I want from you and everyone here, so that two years from now or sooner, we have the data.

Assemblywoman McClain:

I share your frustration, but it seems to me there are easy ways of getting this data. We know EMS personnel log patients in when they drop them off at the emergency rooms. We know the hospital has technology that does all the billing. You know the exact time they entered the emergency room and the hospital room, and you know the time they got discharged. Why cannot that information be correlated to give us this report?

Bill Welch:

I agree the hospitals have the systems, and they identify when they receive the patients. The challenge was to avoid a dispute between EMS and the hospitals. What we tried to do was to develop a software package that both sides agreed on.

Assemblywoman McClain:

It seems to me that independent reports tell us what we want to know. This report says a patient was logged into the emergency room for care at 10:45 p.m. That is what we want to know.

Bill Welch:

Part of the debate that took place during the 73rd Session was when do we start the clock, and when do we stop the clock. The greatest challenge was developing a standardized system of time that EMS and the hospitals agreed on.

Chair Leslie:

I think we correctly identified the problem. Thank you, Mr. Welch. Your perspectives are very valuable.

Dan Musgrove, Associate Administrator, University Medical Center, Las Vegas, Nevada:

[Submitted ([Exhibit F](#)).] We look forward to comparing hospital performance. We look forward to learning from the other properties in Las Vegas to understand the best practice.

When an EMS crew arrives, their intent is to transfer care as quickly as they can, and it is our policy to accept the patient as quickly as we can. Our billing system may know the patient is on property at a certain time, but the transfer of care has not technically occurred because we count on the EMS crew to monitor the patient before the hospital takes control. Transfers are not being recorded because the computer system is somewhere else in the hospital. The nurses are not close enough to the computer system. You keep hammering at us on why these systems are not meshing. The trouble is the systems are different systems.

Chair Leslie:

We need a solution.

Dan Musgrove:

We have got the solution.

Chair Leslie:

I am drawing a circle because this is the discussion we had during the 73rd Session. I am not underestimating the difficulty, but we laid out a plan, and all we are hearing today is anecdotal testimony. We need a better plan. We want to help you, but we cannot help you if you all do not get your act together.

Dan Musgrove:

I think it is a matter of all of us staying at the table.

Assemblywoman Womack:

Since I was not here during the 73rd Session, I do not understand what happens between the time the EMS checks in and when the EMS checks out of the hospital.

Dan Musgrove:

The EMS provider will do the check-in, and the hospital does the check-out. Because of the physical location of the computer terminal, transfers were not always recorded. A lot of nurses forgot to complete transfers. They would go to the machine 30 minutes after the hospital accepted care of the patient. Because of that, the data is bad. Even though the transfer occurred, the transfer is recorded 30 to 40 minutes after the transfer actually happened.

Assemblywoman Womack:

Would we not have a more accurate picture if EMS checks out before they leave for another call?

Dan Musgrove:

They might check out of the emergency room, but they might not have to go back out to the streets. There is a shared responsibility. With the automated system, the information would be more accurate.

Bill Welch:

The EMS logs in at real time when they arrive at the hospital and when they roll out of the hospital. What we are trying to do is find out the actual transfer time so when EMS arrives at the hospital, we can record when the hospital accepts the patient. However much time it takes EMS to clean up or restock, that time would not be counted in the transfer.

Chair Leslie:

We may end up referring this subject to a subcommittee to go over it in more detail. Is there any more testimony on the EMS portion before we move to the mental health portion?

Rory Chetelat:

When you see the report, you will see the data you have been requesting. Again, I apologize for not having the data. It did not get into my hands until yesterday. I would like to let you know that 36 minutes is the average transfer of care. If you ask Brian Rogers from MedicWest, that is a similar number that they track in their systems. The point is we are moving in the right direction. I believe we have some data that is valuable. Unfortunately, I do not have the access to it to provide a valid report.

Chair Leslie:

If I give you two weeks, can you have the report ready for a subcommittee to look at?

Rory Chetelat:

Yes, I can.

Senator Nolan:

I appreciate the direction you are going. The impetus of the study is to bring the EMS agencies and all the hospitals to the same table. Things have gotten better. There was no financing or funding, so the organizations had to creatively figure out how to fund this. We went through the Health Division because the

Legislature does not have control over the Clark County Health District, and the Clark County Health District does not have regulatory authority over the hospitals. It was our way to get to the problem. The Health Division had no part in this other than to be an entity to direct us. The same goes with the Clark County Health Division. They had no dedicated resources. Rory Chetelat has done as much as he possibly could. I look forward to working with you on doing this right this time. We will get it done.

Chair Leslie:

Thank you. I will appoint a subcommittee, and I will appoint Ms. Gerhardt, Ms. McClain, and Ms. Weber. We will have three women from Clark County to work on this issue. We will move to the mental health portion of this meeting.

Dr. Carlos Brandenburg, Administrator, Division of Nevada Mental Health and Developmental Services, Department of Health and Human Services:

The Legislature passed A.B. No. 175 of the 73rd Legislative Session. It provided over \$14 million of funding for mental health. Section 6 of A.B. No. 175 provided \$900,000 to Southern Nevada Adult Mental Health Services. Section 7 of A.B. No. 175 provided \$500,000 to Northern Nevada Adult Mental Health Services for the creation of a triage center. The triage center is for public inebriants, and the crisis beds are for individuals who are a danger to themselves and others. The triage program, run by West Care in Las Vegas, is for public inebriants and individuals who suffer from mental health problems. [\[Exhibit F\]](#)

The county, hospital, and State each provided \$900,000 to mental health services. From January 1, 2006 through December 31, 2006, the triage center in Clark County saw more than 7,625 individuals, and 25.4 percent of triage center referrals are from hospitals. The police account for 10.6 percent, EMS providers account for 6.9 percent, and self-referrals account for 54 percent. The mental health issue is important, and a good portion of the severely mentally ill suffer from substance abuse problems. The triage center is a very positive public-private partnership as it has enhanced collaboration and communication between the public and private systems. In February 2007, there was an average of 55 mentally ill individuals per day waiting in emergency rooms with an average wait time of 25 hours. This has been the lowest figure in the last two years. Things have been working. The additional residential beds and the new psychiatric hospitals funded by A.B. No. 175 are working. We are seeing the benefits of A.B. No. 175, the triage center, and the partnership.

The triage center in Reno has encountered some delays, which are due to the adoption of regulations. The Washoe Hospital Association and the City of Reno

have obligated the funds. This program will go a long way to help solve the problems of the mentally ill in Washoe County.

Chair Leslie:

What was the average wait time during the 73rd session?

Carlos Brandenburg:

In February 2005, the average wait time was 76 hours with 120 patients.

Assemblywoman Weber:

What is the net gain of bed space since the 2005 crisis?

Carlos Brandenburg:

There is a net gain of 86 beds. There is also a net gain of 180 community residential beds.

Chair Leslie:

Of the 55 mentally ill people waiting in emergency rooms, how many keep coming back?

Carlos Brandenburg:

We are in the process of doing that analysis. The initial data shows that a lot of the patients are new patients.

Chair Leslie:

Are they new people in Clark County?

Carlos Brandenburg:

They are new people in the mental health system, which means they might be new people in Clark County.

Chair Leslie:

Now that the numbers are more manageable, it would be interesting to see an analysis of how often patients come back.

Carlos Brandenburg:

At the end of June 2006, the money from A.B. No. 175 of the 73rd Legislative Session went away, but Governor Jim Gibbons put that back in the budget so the program will be ongoing.

Chair Leslie:

We thank Governor Jim Gibbons for that, although I am not happy with southern Nevada's mental health budget yet.

Dan Musgrove:

In 1999, law enforcement and EMS agencies realized there was an emergency room overcrowding crisis. The Las Vegas Metropolitan Police Department believes they have the biggest mental health hospital in Nevada. In 1999, about 350 to 500 inmates received psychiatric drugs. In January 2007, 611 inmates received psychiatric drugs.

In 1999, the Chronic Public Inebriate Task Force was created. A doctor at the University Medical Center identified that the severely mentally ill and substance abusers were clogging the emergency rooms, which impacted all first responders. The Chronic Public Inebriate Task Force morphed into the Southern Nevada Mental Health Coalition, a group that proposed a one-stop-shop program where the EMS providers and police could go to one place, drop the patient off, and allow the system to determine what kind of treatment the patient would need.

The University Medical Center came to the Legislature in the 72nd Session and requested funding for this program. The legislation died in the Senate, so local governments and the hospitals created a community triage center in 2003. There are still many patients who are not able to access emergency services because emergency rooms are still clogged with a lot of patients waiting long hours.

We have done great things with A.B. No. 175 of the 73rd Legislative Session and A.B. No. 40 of the 73rd Legislative Session, but we still have an issue with clogged emergency rooms.

I think the Committee needs to look at the original idea of a one-stop-shop program. We truly believe the mentally ill should not be in the emergency rooms. Our statistics show that only 3 percent of the mentally ill patients in emergency rooms need medical help. Our idea is to build on private-public partnership and find funding for community triage and the one-stop-shop program.

Chair Leslie:

Dan, I am going to stop you. We are supposed to stop at 3:30 p.m. We will ask the subcommittee to delve into this. The BDR 39-306 clarifies the work of the Interim Health Committee. We improved mental health care substantially in southern Nevada. The Committee was a big part of that.

Ernie Stegall, Director of Emergency Department, Sunrise Hospital Medical Center, Las Vegas, Nevada:

The 55 patients who are waiting for mental health beds in emergency rooms are people that are waiting for Southern Nevada Mental Health beds. Those do not take into account the other psychiatric patients waiting for West Care, Monte Vista, and other facilities. The number is really higher than the 55 beds, and I just wanted to clarify that.

Chair Leslie:

Do you have a number, or know how much higher it would be?

Ernie Stegall:

I do not have that number right now. I do not have access to our EMS system right now, where we log how many psychiatric patients we have.

Chair Leslie:

If you could provide that to us, I think it would be interesting data. Is there any other public comment? Seeing none, we are adjourned. [3:31 p.m.]

RESPECTFULLY SUBMITTED:

Katrina Zach
Committee Secretary

APPROVED BY:

Assemblywoman Sheila Leslie, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: February 28, 2007

Time of Meeting: 1:30 p.m.

Bill	Exhibit	Witness / Agency	Description
	A	Committee on Health and Human Services	Agenda for February 28, 2007 meeting
	B		Attendance Roster
	C	Dr. R. Keith Schwer, Nevada Kids Count	Slideshow titled <i>Nevada Kids Count 2007</i>
	D	Sarah J. Lutter, Committee Analyst	Document titled <u><i>Senate Bill No. 458</i></u>
	E	Rory Chetelat, Southern Nevada Health District	Document titled <i>Transfer of Care Data</i>
	F	Dan Musgrove, University Medical Center	Document titled <i>Historical Perspective on the Community Triage Creation</i>