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

Seventy-Fourth Session
March 14, 2007

The Subcommittee on Health and Human Services was called to order by Chair Susan I. Gerhardt at 3:44 p.m., on Wednesday, March 14, 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).

SUBCOMMITTEE MEMBERS PRESENT:

Assemblywoman Susan I. Gerhardt, Chair
Assemblywoman Kathy McClain
Assemblywoman Valerie E. Weber

GUEST LEGISLATORS PRESENT:

Senator Dennis Nolan, Clark County, District No. 9

STAFF MEMBERS PRESENT:

Sarah J. Lutter, Committee Policy Analyst
Bonnie Borda Hoffecker, Committee Manager
Patricia Evans, Committee Secretary
Olivia Lloyd, Committee Attache

OTHERS PRESENT:

Rory Chetelet, Southern Nevada Health District, EMS and Trauma Systems, Las Vegas, Nevada
Randy Howell, Division Chief-EMS, City of Henderson Fire Department, Henderson, Nevada
Bill M. Welch, President/CEO, Nevada Hospital Association, Reno, Nevada
Carla Perez, CEO/Managing Director, Spring Valley Hospital, Las Vegas, Nevada
Ashley Brooks, Nurse Manager, Emergency Department, Spring Valley Hospital, Las Vegas, Nevada
Brian K. Rogers, Vice President of Operations, MedicWest Ambulance, Las Vegas, Nevada
Alex Haartz, MPH, Administrator, Department of Health and Human Services, Health Division, Carson City, Nevada

Chair Susan Gerhardt:
[Meeting called to order. Roll called.] Please sign-in for the record.

Sarah J. Lutter, Senior Research Analyst, Research Division, Legislative Council Bureau, Carson City, Nevada
The last meeting of this subcommittee was called as a response to S.B. No. 458 of the 73rd Session. The Bill had two sections. The first Section required the Health Division, Department of Health and Human Services, to enact some regulations. The second Section initiated a study. Section 2 allowed the Health Division, if Clark County was the only County participating in the study, to delegate its authority to Clark County. The second Section of this Act expired by limitation, December 31, 2006. It appeared as though the goals of the study had not occurred. The hearing on emergency rooms and wait times was held on February 28, 2007. This subcommittee was created to further address that issue, and to give Mr. Chetelet and others some time to put together the statistics.

Chair Gerhardt:
Mr. Chetelet, are you prepared to give us some data information?

Rory Chetelet, Southern Nevada Health District, EMS and Trauma Systems, Las Vegas, Nevada:
[Read from prepared text (Exhibit C)] Thank you for the opportunity to present the data from the S.B. No. 458 Transfer of Care software. The bill was passed and approved by Governor Kenny Guinn on June 13, 2005. The Southern Nevada Health District (SNHD) was informed in July 2005, the State would delegate its authority to SNHD to develop a process for administering S.B. No. 458. The SNHD planned meetings to develop a system for gathering

and reporting data. Southern Nevada Health District met with Emergency Medical Services (EMS) providers and hospitals to develop a process to gather and send data, develop a data dictionary, establish guidelines, and implement the process. The software (ROAM-IT) was developed, purchased and implemented. Problems with this software were addressed and corrected. Southern Nevada Health District repeatedly asked ROAM-IT for reporting capabilities on the software. In July, 2006, the Legislative Committee on Health Care, requested an update from SNHD. Several days were spent transcribing the raw data. There was a problem with the definitions for the exceptions in the start-up phase. Among continuing problems were a significant number of EMS calls not logged into the system. This was determined by the known averages for EMS transports. In January 2007 SNHD asked, again, for data from ROAM-IT to create the final report. At that time there were still no reporting capabilities for the software. In February, 2007 SNHD received the data from ROAM-IT. Data analysis is provided in the hand-out (Exhibit D). Limitations of the study are: reports from EMS providers logging that transfer of care occurred prior to actual transfer, definitions of exceptions are not clear, the emergency department only has one computer terminal, nursing staff turnover is extensive, and a large percentage of EMS calls are not logged in. The recommendations from the S.B. No. 458 of the 73rd Session committee are: approve funding for continuation of data collection process, complete development of software, enact regulations for compliance, identify methods to improve data collection, all participants meet on a monthly basis, and identify and share the best practices policy.

Chair Gerhardt:
How confident are you that the last six months are the best example of data? Please keep in mind that we will be speaking with the EMS folks, also.

Rory Chetelet:
We know there are a number of serious flaws in this data. We need to review the data, and continue the process in order to give you data that has any significant meaning.

Chair Gerhardt:
Looking at your recommendations brings a couple of things to mind. If you are not getting compliance from the nursing staff, the best software in the world will not help. How are you going to address that hurdle?

Rory Chetelet:
One of the items promised by the developer was reporting capabilities at the hospital terminals, my office, and the Nevada Hospital Association's main terminal. Without that reporting capability, it is impossible to "ride herd" on this

process. We have received only three data downloads over a period of 10 to 12 months in which we have had the software. Because of the ineffectiveness of the reporting capabilities, we were not aware how poorly the system was functioning.

Chair Gerhardt:
I would like to see a comparison between EMS and the hospital association.

Randy Howell, Division Chief, EMS, Henderson Fire Department, Henderson, Nevada:
We have compiled our data which comes out of our 911 systems and the private ambulance company's dispatch software. Our numbers are significantly different. We are concerned that the numbers in the transfer of care system are not reliable enough to make any determinations.

Chair Gerhardt:
How are you compiling your information?

Randy Howell:
We track many times throughout the time of a 911 call. We track the time the call comes in, dispatched out, rolled out of fire station, arrived on scene, left scene, arrived at hospital, and cleared from the hospital. In the last legislative session, there were some concerns from the hospitals. There could be a few minutes gap from the time EMS arrived at the hospital and the time they cleared the hospital. There has to be another method to track the information. Unfortunately, unless we receive the data in a timely manner, it is difficult to determine how the hospital's system is doing. The system we agreed on was the transfer of care system.

Chair Gerhardt:
One of the problems is the fact there are different locations for the computer terminals.

Randy Howell:
There is not a unified, standardized way that all hospitals follow. Each hospital has only one computer, and some of these emergency departments are huge. It is inconvenient for a nurse, who is trying to minister to a patient, to walk a long distance to push a button to complete the transfer of care. It is sometimes difficult to honor the intent of the law, and care for a patient.

Rory Chetelet:
We have recently identified some best practices. One of them is the EMS can go back to the computer and log out as they are leaving.

Chair Gerhardt:
Do we have any representatives from Spring Valley Hospital?

Bill Welch, President and CEO, Nevada Hospital Association, Reno, Nevada:
I believe that Karla Perez from the Valley Health System is prepared to comment. Ms. Perez is chair of the facility advisory committee, the group that comes together as a result of the Clark County health district regulations. She can speak about Spring Valley Hospital specifically.

Karla Perez, CEO and Managing Director, Spring Valley Hospital; Chair, Valley Hospital's Advisory Board, Clark County, Las Vegas, Nevada:
With me is Ashley Brooks. I have asked her to give a brief overview of best practices put in place at Spring Valley Hospital.

Ashley Brooks, Nurse Manager, Emergency Department, Spring Valley Hospital, Las Vegas, Nevada:
We have a lap top computer on wheels near our charge nurse station. It is dedicated solely for the purpose of EMS check-in. We have a dedicated computer, after the patient is off-loaded, for whomever is available to transfer that patient appropriately. When it is appropriate for a patient to be triaged to the lobby, we work with EMS personnel to accomplish that transfer. Our fast-track area was not an efficient system. We redeveloped our emergency department to develop a rapid-treatment room. We now have an internal lobby and an internal waiting room within our emergency department. Our fast-track area was redesigned, allowing us to see on an average basis approximately 40 to 46 percent of our emergency department patients within that area. These modifications were instituted in response to S.B. No. 458 of the 73rd Session. Valley Hospital, in response to S.B. No. 458, instituted the EMS Express. They hired paramedics and Emergency Medical Technicians (EMTs) to work on a per diem basis. EMTs work closely with the charge nurses, assisting with triage and basic patient care.

Chair Gerhardt:
May we have a summary of your presentation?

Karla Perez:
Absolutely, we can provide you with that. The facility's advisory board meets on a quarterly basis. All area hospitals are represented. This issue is discussed at every meeting, and it is a standing agenda item. Our goal is to have all area hospitals do best-practice presentations to the facility's advisory board, sharing what has worked well.

Chair Gerhardt:
Are you experiencing any problems with compliance?

Karla Perez:
We are at 97 percent compliance. There are times when patient care takes priority over remembering to go back to the computer.

Chair Gerhardt:
It is your opinion that it is not necessary to require EMS to do this input. This is something easily accomplished by the nurses?

Karla Perez:
No. The current regulation states, if the EMS does not start the record, there is no record. Therefore, there is not an opportunity to record a transfer time. From the hospital's perspective, those times are short visits, affecting our statistics

Chair Gerhardt:
Are these the exceptions to the rule?

Karla Perez:
Certainly, at Spring Valley it is an exception because we know what our totals are.

Randy Howell:
Ms. Perez's numbers are not accurate. We do not show Spring Valley having a percentage of compliance within 30 minutes. This data is not reliable.

Chair Gerhardt:
I agree.

Assemblywoman Kathy McClain:
Are you using the software purchased under S.B. No. 458 of the 73rd Session group?

Karla Perez:
Yes.

Assemblywoman McClain:
And you find it works?

Karla Perez:
It does not always work, sometimes there are system errors. These errors are reported to the software developer.

Assemblywoman McClain:
So we do not have to buy a new system?

Karla Perez:
No. There is more user error than system error.

Assemblywoman McClain:
What report can you give the health district? Is it an automatic download or a paper report?

Rory Chetelet:
Ms. Perez and I are pulling out the same data. There are so many variables in this data, it cannot be trusted. We would ask for time to continue to work on this process.

Karla Perez:
It is the same data. Spring Valley or Valley does not have independent data.

Chair Gerhardt:
Some hospitals are struggling with compliance. Is there any value in the EMS, rather than the nurses at the hospital, entering the data?

Karla Perez:
Emergency Medical Services enters information until the hospital accepts the patient.

Rory Chetelet:
That was suggested as an example of best practice.

Brian Rogers, Vice President of Operations, MedicWest Ambulance, Las Vegas:
In some hospitals there are several rooms and hallways. At Sunrise Hospital the EMS does not make it to the emergency room when you sign the patient in. The data fields include: your name, unit number, unique identification for the response, patient's name, and your EMS number. This is done in the triage area. Getting a nurse to walk from the emergency room to the computer, in order to get an appropriate transfer time, does not seem to work that well. It would seem more computers are needed in some hospitals.

Assemblywoman McClain:
If the current system can work properly, why should funding be allotted for a different data-collection process? Has anyone considered Personal Digital Assistants?

Brian Rogers:
As a valley-wide EMS group, we are working on a system called the Electronic Patient Care Report (EPCR). Our whole record system will be electronic. When you walk in a hospital door, you hit a button; it communicates with the roam software. Then at the bedside, when the nurse takes over care, pushing a button interfaces with the software in the emergency room, ending our call. We hope to have it working in a couple of months.

Rory Chetelet:
We are not asking to buy new software; we are going to have to continue with this software, and there will be some fees associated with keeping it on the server and doing maintenance and updates. When the health district agreed to this process, we understood it to be a one-year study. If we have to continue on a permanent basis, we would need some financial support for staff to compile reports.

Chair Gerhardt:
I think that is a little premature at this point. We are trying to hammer out how to get this to work. Could EMS personnel complete the record at each of the hospitals?

Brian Rogers:
I believe we can. But, the same thing will happen. We can provide data out of our computer system, verified by several sources, but the hospitals say that is not appropriate data.

Chair Gerhardt:
If the hospitals cannot do it, then they will have to be satisfied with your input.

Bill Welch:
Both sides agree that there has been improvement though it is not the perfect system. Timing is everything. We have talked about this at every meeting of the Nevada Hospital Association since 2005. We talk about it at every policy development committee and at most of our board meetings. This is an issue the hospital community has taken very seriously. We have been trying to work together in good faith, but there are still areas needing improvement. We had to buy the system and the computers on our own. This software was developed and implemented for a specific time frame and will have to be maintained. The

system has continued to operate even though the legislation expired December 31, 2006. Now that we have data by hospital, we should begin comparing best practices. The best solution is working together on a committee. Our first priority is to take care of the patient. Sometimes administrative functions take second place.

Chair Gerhardt:
What is the response from EMS?

Brian Rogers:
As long as there is an agreement the numbers are the numbers.

Assemblywoman Valerie Weber:
I would like to commend everyone who has worked on this process. To accomplish this in 20 months is pretty dramatic. Do all groups involved see each other's data?

Rory Chetelet:
We have not had many meetings to talk about exceptions since we have only received two valid downloads. We met about a week ago to talk about compiling this report. Thank you for that comment about our efforts. We believe we have accomplished a great deal in this amount of time.

Assemblywoman Weber:
Has anything been published about best practices around the country?

Karla Perez:
A report could not be generated to show exceptions across the system. We have had reports on the definitions of those exceptions.

Chair Gerhardt:
How are internal reports different from the reports we see here?

Karla Perez:
Anytime a patient's transfer of care time exceeded 30 minutes, there was a report generated. The charge nurse would go back into the system, and enter a reason. From that entry, a report could be generated at the hospital, accessible to us at our specific location.

Chair Gerhardt:
Is this something to which we have access?

Karla Perez:
What you have in front of you is the aggregate data. The only thing more specific, that I have, is by patient.

Chair Gerhardt:
Incomplete data makes it difficult to make policy decisions. Over-burdening at a particular hospital tells us we need to be making some decisions about diverting patients. We are not able to draw any conclusions from available data.

Rory Chetelet:
The last section of the hand-out (Exhibit D) has the information you are referencing. The information is by hospital, by month, by type.

Chair Gerhardt:
We are not looking at the bigger problem. At the time we were over capacity, what decisions were made? We are entering this information after the fact. What is happening at the time of the delay?

Assemblywoman McClain:
Why was there over-capacity? If Spring Valley is able to compile that information, why are not the other hospitals able to? Why is this information not compiled into a meaningful report? The break-down might be where the hospital reports are compiled.

Chair Gerhardt:
The dialogue has been started on compiling this information. I would request a written report, keeping in mind that a standard has to be established. Nothing is going to succeed if the procedure is different at each hospital. If the hospitals do not believe the nursing staff can accomplish it, will they be satisfied letting EMS plug in the information? The EMS staff has a good point. If they are taking responsibility for input, then they should not be criticized at a later date.

Bill Welch:
On behalf of the hospital community, I can assure you that we are more than happy to meet with both the hospitals and EMS services.

Chair Gerhardt:
Senator Nolan has a piece of legislation addressing some of these issues.

Bill Welch:
It would be beneficial to sit with Senator Nolan regarding his bill, Senate Bill 244.

Assemblywoman Weber:
Are each of the hospitals downloaded into a centralized server? Who owns the data?

Rory Chetelet:
Yes. The information is a web-based program and downloaded to a central server. Nevada Hospital Association wrote the check on behalf of EMS and hospitals.

Assemblywoman Weber:
Do the users have an evaluations process, so we can continuously look at the improvement of the process?

Bill Welch:
That is one of the problems with not having centralized reporting capabilities.

Chair Gerhardt:
Senator Nolan has joined us. Have you got your bill with you? Can you explain how that works?

Senator Dennis Nolan, Clark County District No. 9:
The bill is being held from introduction on the floor until we get some feedback. I would be glad to incorporate any recommendations. What seemed reasonable was to formalize the ongoing study, provided the study is summarized in a monthly form to one of the public boards. If there was one entity that was intentionally falsifying data, the health district could impose a non-monetary assessment.

Chair Gerhardt:
At this point we have asked the hospital groups, as well as EMS, to return in two weeks with a comprehensive report on which we can base policy.

Assemblywoman McClain:
To save time, use Ms. Perez's system as a model.

Senator Nolan:
We are advised that BDR-4094 is now Senate Bill 244.

Chair Gerhardt:
The other component that concerns me is the fact the State had no idea this was not being implemented. Because of lack of information, it is difficult to proceed with policy decisions. If there comes a time when patients are waiting

for a length of time, how soon should they be diverted. Should the State be notified? The State is not providing any oversight in this situation.

Alex Haartz, MPH, Administrator, Department of Health and Human Services, Health Division, Carson City, Nevada:
The local jurisdiction has the ability to regulate and manage. From a day to day standpoint, I am not convinced it is necessary to have a feed-back loop. One of the things that could be explored is what happens when divert occurs. If a local emergency is occurring, the local emergency management process has a system in place. The State is notified at that time if State resources are needed. When hospitals exceed census, there is a reporting mechanism built into the regulatory system.

Chair Gerhardt:
Mr. Chetelet, maybe you could provide us with information when we meet again.

Rory Chetelet:
We do not have divert in southern Nevada. We have eliminated divert as an option for hospitals.

Karla Perez:
In 2004, the facility's advisory board made a recommendation to eliminate the hospital's ability to divert. It was based on a national best practice study.

Chair Gerhardt:
Are there any regulations or is there any policy regarding sending patients some place else? At what point are we jeopardizing patient care?

Rory Chetelet:
No, we do not have that policy in place.

Chair Gerhardt:
That exactly illustrates the point. Mr. Haartz was under the impression there was some regulation in place. The State ultimately has oversight responsibility, and the State is not being notified of these situations. Some type of State notification system has to be incorporated.

Rory Chetelet:
Once we get reporting capabilities, we can comply. Guidelines were initiated and distributed to hospitals and EMS providers.

Chair Gerhardt:
Obviously we need to get some guidelines put together.

Alex Haartz:
We are starting on that process on Monday. We would like to put in regulation the best practice under which the Southern Nevada working group is operating. This would provide consistency and the ability to change as their processes develop.

Chair Gerhardt:
When the hospital and EMS get back to us, we can count on getting something from you on how you would like to see us proceed?
[Meeting adjourned at 4:59 p.m.]

RESPECTFULLY SUBMITTED:

_____
Patricia Evans
Committee Secretary

APPROVED BY:

_____
Assemblywoman Sheila Leslie, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 14, 2007 **Time of Meeting: 3:30 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A	**********	Agenda
	B	**********	Sign-in Sheet
SB 458	C	Rory Chetelet	Transfer of Care.
SB 458	D	Rory Chetelet	Total transports.