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

Seventy-Fourth Session
March 28, 2007

The Subcommittee on Health and Human Services was called to order by Vice Chair Susan Gerhardt at 4:04 p.m., on Wednesday, March 28, 2007, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 5100 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 Susan I. Gerhardt, Vice Chair
Assemblywoman Kathy McClain
Assemblywoman Valerie E. Weber

GUEST LEGISLATORS PRESENT:

Assemblywoman Peggy Pierce, Clark County Assembly District No. 3

STAFF MEMBERS PRESENT:

Sarah I. Lutter, Committee Policy Analyst
Patricia Evans, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Bill Welch, President/CEO, Nevada Hospital Association, Reno, Nevada
Randy Howell, Division Chief, Henderson Fire Department, Nevada
Rory Chetelet, EMS Manager, Southern Nevada Health District, Las Vegas
Alex Haartz, Administrator, Department of Health and Human Services, Health Division, Carson City, Nevada
Brian Rogers, Vice President of Operations, MedicWest, Las Vegas, Nevada

Chair Susan Gerhardt:
[Meeting called to order.] This is a Subcommittee meeting on emergency room wait times. You have done a wonderful job.

Bill Welch, President/CEO, Nevada Hospital Association, Reno, Nevada:
Our task was to go back, develop reports, and compile information on what has transpired over the last 18 months. We wanted to make sure the local health district, as well as the State Public Health and the Emergency Medical Services (EMS), were included. A communication was sent out requesting they address eight specific points (Exhibit C). I sent my staff to Las Vegas for the amount of time required to accomplish this task. We asked them to review and develop an outline for the needed regulations that have been questioned. That was the charge the Subcommittee Task Force was given.

Randy Howell, Division Chief, EMS, Henderson Fire Department, Nevada:
We have met twice, and communicated by email to put together this packet of information. There were ten of us involved in this process, with positive results. [Read from prepared text (Exhibit C).]

Chair Gerhardt:
Again, I am very impressed. Do you have any questions from the Committee?

Assemblywoman Peggy Pierce:
What is the time frame on making a training video?

Randy Howell:
We do not have a set date, but it is a high priority. The working group will continue meeting to put a plan in place and begin collecting better data.

Bill Welch:
The Nevada Hospital Association has the equipment to make videos or Compact Disks (CDs). We will work together to structure the program. We will then video the procedure and burn CDs or video tapes, as necessary.

Chair Gerhardt:
Can you take us through the Transfer of Care Procedure?

Randy Howell:
Yes. [Read from prepared script (Exhibit D).] If transfer time is greater than 30 minutes, the software vender is going to create a "pop-up" box to be completed at the time of transfer. The timeliness of that report will improve the reasons for exceptions. Any information which would be out to the news

would go through the health district. The only information we could discuss with media would be our own data. A quarterly report would be provided to Southern Nevada Health District, Board of Health for review. Non-monetary sanctions would be very difficult. Public scrutiny is the best motivator for improved compliance.

Chair Gerhardt
One of the reasons we are gathering information is to make sure we are not jeopardizing patient care anywhere along the line. Was there any discussion? Did you reach consensus on how long is too long? We do not go more than 30 minutes, but at what point do we reach a level of concern? At what point do we divert? At what point do we want to notify the State? One of the reasons this was not implemented in a timely manner was due to some confusion about who was ultimately responsible. Did you reach any conclusions on that issue?

Randy Howell:
Our goal is 30 minutes. We did not discuss lengthier times. We have an Emergency Medical System which color-codes the hospitals, based on how busy they are. There is also patient choice. We advise the patient there might be an extended wait; therefore, they may choose to go to another hospital. This is not a divert, but it gives the patient more information and options.

Chair Gerhardt:
I am not trying to penalize an institution for being over-crowded, but I think it is important to notify the State if we are reaching a critical situation. I do not know exactly how this color-coding system works, but at what level do you start doing something else?

Randy Howell:
By law, we report to the local Board of Health. This quarterly report also goes to the State Health Division. The Health Division provides a quarterly report to the Interim Health Committee.

Chair Gerhardt
For instance, if there is an hour wait, the State would be notified in order to have a sense of what is happening in real time.

Randy Howell:
We have a policy called Internal Disaster which hospitals can utilize. It is a form of divert. Maybe instead of a time frame, the State would be notified when an internal disaster is utilized.

Chair Gerhardt
How often does that type of situation occur, and in what time frame? What is the worst case scenario?

Bill Welch:
The color-code system was put into place because there was concern that hospitals were going on Internal Disaster divert as a result of being backed-up in the emergency room. The color-coding system was put in place so that the EMS can track where every hospital is on their turn-around time, and can automatically divert from a hospital whose transfer time is exceeding the 30 minutes, or whatever they deem reasonable. This is also based on a patient's condition. In cases of emergency, those patients, for the most part, are being transferred immediately.

Chair Gerhardt:
What I am trying to get at is at what point are we in trouble. I mean, beyond just diverting from one hospital to another because of patient loads, is it immediately as opposed to quarterly, or monthly, or after the fact? I think the State needs that information as it is happening.

Bill Welch:
Currently, when the hospitals reach 100 percent to 110 percent capacity, they have to notify the State they are at maximum capacity.

Chair Gerhardt:
Could we get some clarification on that?

Rory Chetelet:
I have been able to run the Internal Disaster off our EMS system and have reported those to our facility's advisory board. There have not been any during the past six to nine months.

Chair Gerhardt
I think we are getting some help.

Alex Haartz, Administrator, Health Division, Department of Health and Human Services, Carson City, Nevada:
The State Board of Health has adopted a regulation that allows some capacity to go beyond licensure. In this regulation there is a requirement to inform the State, in this case the Bureau of Licensure and Certification. We collect the information and return to the hospital to make sure that patient care is not being

compromised, and there is a process in place. In terms of emergency response, the State has a parallel process in place. This is the "all hazards approach". A crisis is referred to County Emergency Management, then to the State Division of Emergency Management. At that point, resources will begin to flow.

Chair Gerhardt:
So you are saying that you are in the loop, and you do get information immediately?

Alex Haartz:
Yes, as soon as the hospital reports the information.

Assemblywoman Weber:
Do mock disaster drills activate reports to the State?

Alex Haartz:
When there are exercises dealing with hospital capacity, or facility capacity, they are reported through the appropriate chains of command.

Bill Welch:
All acute-care facilities are joint-commission accredited in Clark County. They are required, by that accreditation, to run an annual disaster drill.

Randy Howell:
We have a surveillance system in Clark County, it is called "First Watch". This system is connected to all the computerized dispatch centers. It looks for particular types of calls, then it automatic pages to public health officials. The bio-surveillance software is monitoring the system, giving notification at the time of occurrence.

Bill Welch:
We have adopted and expanded the Clark County system statewide.

Chair Gerhardt:
We are getting far a-field of emergency wait-times.

Assemblywoman Weber:
If emergency rooms exceed their volume due to one of these events, that actually triggers a report to the State.

Bill Welch:
The EMS, and the hospitals would be receptive to having the Clark County Health District and the Health Division have the passwords and the capabilities as the Association does. We can go in, track each hospital, and pull a report. It may be appropriate for the State Health Division and the Clark Health District to have that same capability.

Chair Gerhardt:
If someone could take us through Senator Dennis Nolan's bill. I tried to compare the two documents. Maybe we can pinpoint what we need to accomplish.

Brian Rogers, Vice President of Operations, MedicWest, Las Vegas, Nevada:
The biggest change is a provision for non-monetary sanctions as an incentive to accurately reporting data. There are administrative issues with sanctioning. Clark County Health regulates paramedics, and the Bureau of Licensure Certification regulates the hospitals. There are inconsistencies between the two entities. There has always been a question of who is the responsible authority. It is now the Clark County Heath District in the south. In the north it is the Health Authority. We will meet monthly and issue a report to the next level committee on a quarterly basis. It will be a report on three months' worth of data. That report will go to the southern Nevada Board of Health, who would then report to the Interim Health Care Committee. In lieu of non-monetary sanctions, there would be public reporting.

Chair Gerhardt:
I notice in your work product, there is a lot of information requested. Did you come to the same conclusion?

Brian Rogers:
Correct. The program is going to require a reason "why". If a reason is not entered, the option "other", has to be explained. How long will this process take? This gives the board responsible for that area the ability to modify, change, or terminate the study at any time with the agreement of all the participants. This proposal has been submitted to Senator Nolan, and it will be addressed on Friday morning.

Chair Gerhardt:
We have talked about identification by the use of the ID number of the paramedic or the nurse involved. Are you going to use an event number?

Brian Rogers:
Correct. Every call received is turned over by jurisdiction, and we are held accountable by an event number. It will be the same event number that is currently used.

Chair Gerhardt:
Is the advisory committee listed on your report the first committee on your work product?

Brian Rogers:
That will be the quarterly committee which will report to the Board of Health.

Chair Gerhardt:
So this advisory committee, which is comprised of the health officer of the County, a representative of each hospital, a representative of each operator, of an ambulance, or a firefighting agency, et cetera, those folks would be the second committee referenced?

Randy Howell:
Correct.

Chair Gerhardt
We might clarify that in your work document. There might be questions when we take this back to the Committee. Sarah Lutter brought up a good point. At the point of terminating the study, will the State be involved in that decision?

Brian Rogers:
I would assume so.

Assemblywoman McClain:
This is clean-cut, and clear. You did a lot of work, and it makes a lot of sense. I am certain it will work better in the next two years than it has the past two years. Thank you for doing this.

Chair Gerhardt:
Mr. Haartz, would you give us the same perspective? Is this accomplishing everything you envisioned?

Alex Haartz:
I think it does. This should clarify the process and place authority where authority is intended to be.

Chair Gerhardt:
The concern of the Chair is there was confusion last time. We want to be sure that everybody is in the loop, and everybody is being notified of what is going on so that you can provide the ultimate over-sight of what goes on. We will take this back to the Committee as a whole.

[Meeting adjourned at 4:47 p.m.]

RESPECTFULLY SUBMITTED:

_____
Patricia Evans
Committee Secretary

APPROVED BY:

_____
Chair Susan I. Gerhardt

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 28, 2007 Time of Meeting: 4:04 p.m.

Bill	Exhibit	Witness / Agency	Description
	A	**********	AGENDA
	B	**********	ATTENDANCE ROSTER
	C	Bill Welch, Randy Howell	Transfer of Care Times
	D	Randy Howell	Transfer Care Procedure