



AMENDED MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

STROKE SYSTEM DEVELOPMENT STEERING COMMITTEE

August 6, 2008 --12:00 P.M.

SNHD STAFF PRESENT

Joseph J. Heck, D.O., Operational Medical Dir.
Mary Ellen Britt, R.N., Regional Trauma Coord.
Judy Tabat, Recording Secretary
Michael Tsai, Chronic Disease Epidemiologist

Rory Chetelat, EMSTS Manager
John Hammond, EMSTS Field Representative
Lan Lam, Administrative Assistant

PUBLIC ATTENDANCE

David Slattery, M.D. Chairman, LVFR
Richard Henderson, M.D., HFD
J.D. McCourt, M.D., UMC
Troy Tuke, EMT-P, CCFD
Ian Smith, EMT-P, NLVFD
Amelia Hobon, R.N., Sunrise Hospital
Eric Anderson, M.D., FES
Chief Randy Howell, HFD
Christopher Roller, American Heart Assoc.
Sandy Young, R.N., LVFR
Jeff Davidson, M.D., Valley Hospital
Scott Selco, M.D., Sunrise Hospital

Larry Johnson, EMT-P, MWA/AMR
Allen Marino, M.D., MAB Chairman
Anna Smith, R.N., Valley Hospital
Billie Meador, R.N., Desert Springs Hospital
Chad Henry, EMT-P, MWA
Joseph Melchiode, MountainView Hospital
Rusty McAllister, Health Services Coalition
Don Hales, EMT-P, MWA
Brian Rogers, EMT-P, HFD
Tami Vogel, R.N., Spring Valley Hospital
Derek Cox, EMT-P, LVFR

I. CONSENT AGENDA

The Stroke System Development Steering Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, August 6, 2008. Chairman David Slattery, M.D., called the meeting to order at 12:10 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Slattery noted that a quorum was present.

Minutes Stroke System Development Steering Committee Meeting June 17, 2008

Dr. Slattery asked for a motion to approve the minutes of the June 17, 2008 Stroke System Development Steering Committee meeting. J.D. Melchiode stated that Will Wagon was listed as CEO of Mesa View Hospital and it should be changed to MountainView Hospital. A motion to accept the minutes with this revision was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Announcement of Sub Committees & Chairpersons

Dr. Slattery stated that the purpose of the meeting was to announce the chairpersons for each of the individual task forces. He noted that they tried to balance EMS and hospital representation and at the same time allow the inclusion of as many people as possible.

The Executive Committee will consist of:

- David Slattery, M.D., Chairman, Emergency Medicine representative
- Stroke Survivor
- Representative from AHA
- Representative from ASA
- Fellowship trained stroke neurologist
- Chairperson from each task force
- Representative from the payor groups
- Allen Marino, M.D., Ex Officio member as the Chairman of the MAB
- Rory Chetelat, Ex Officio member as the EMSTS Manager

Dr. Slattery stated that as the system develops, the Executive Committee may change based on the committee membership's direction and decision making.

Task Forces / Chairperson(s):

- EMS Quality Assurance/Performance Task Force / Chad Henry, MedicWest Ambulance and Anna Smith, Valley Hospital (co-chaired)
- Stroke System Hospital Task Force / Will Wagnon, MountainView Hospital
- Stroke System EMS Protocol and Education Development Task Force / Derek Cox, Las Vegas Fire & Rescue

B. Discussion of Sub Committee Objectives

Dr. Slattery stated that the chairperson for each task force will be provided a list of people who signed up at the initial stroke meeting in June. The Executive Committee will meet every other month at which each chairperson will provide a report with regards to the development and progress in each of the identified objectives. The goal is to accomplish the objectives within six to eight months.

Stroke System EMS Protocol and Education Development Task Force:

Objective 1A: Assess current dispatch center(s) management of stroke

- Current protocol
- Educational deficiencies
- Pre-arrival instructions
- Outcome measurements

Objective 1B: Develop recommendations (*based on that assessment*) for improving the management of potential stroke victims during the time period from 911 call to EMS arrival.

Objective 1C: Determine educational needs of EMS providers in Southern Nevada in terms of

- Identification of acute stroke
- Performance of appropriate history, exam, diagnostic tests and documentation as it is related to prehospital stroke care

Objective 1D: Determine which stroke scale will be used by all EMS providers in Southern Nevada

Objective 1E: Draft prehospital stroke care management protocol (to exclude destination criteria)

Objectives of the EMS Quality Assurance/Performance Task Force:

Dr. Slattery stated that it was decided there should be two chairpersons for this Task Force to address both EMS and Hospital based objectives.

Objective 2A: Determine the quality measures and measurement tool that will be used for assessing initial and continuous EMS receiving hospital designation.

Objective 2B: Determine performance and quality measures and measurement tool that will be used to assess prehospital stroke care, decision-making, and protocol compliance.

Objective 2C: Determine triggers and process for performing peer review for EMS providers.

Objective 2D: Determine process and triggers for performing peer review for stroke receiving hospitals.

Objective 2E: Working with the Southern Nevada Health District's Office of EMS & Trauma System to provide a proposed budget to the Executive Committee for stroke system data collection, clerical and statistical support, and quality assurance and oversight activities.

Stroke System Hospital Task Force:

Dr. Slattery outlined a framework for the Committee to work on in terms of items that may be important to track and to assess when making decisions. He added that there may be other things but it will be up to the Committee to make the decision in terms of the final tool and list of things that are queried at each of the hospitals to determine how stroke proficient they are.

Objective 3A: Invite all hospitals in Southern Nevada to participate in the assessment process

Objective 3B: Assess each of the hospitals in Southern Nevada regarding their readiness for stroke care management:

- a. Imaging capability 24/7
 - i. CT performed and interpreted with ____ minutes
 - ii. CTA
 - iii. CT perfusion scanning
 - iv. MRI
 - v. MRA
 - vi. Cerebral Angiography
 - vii. Interventional Radiology
 - viii. TEE, Carotid US
 - ix. Laboratory testing
 - x. Others:
 - xi. Others:
- b. Dedicated personnel
 - i. Stroke neurologist
 - ii. Stroke emergency physician
 - iii. Stroke Coordinator
 - iv. Neurosurgery call and capability
 - v. Rehabilitation resources
 - vi. Other essential elements
- c. Personnel education
 - i. Nursing
 - ii. Physicians
 - iii. Ancillary staff
 1. Radiology
 2. Lab
 3. Other:
 - iv. List of members of the hospital's Stroke Steering Committee.
 - v. Name of medical director for the stroke program
- d. Protocol for administration of tPA
- e. Stroke clinical pathway

- f. Stroke pre-printed orders
- g. List of stroke care quality indicators/performance measures

Objective 3C: Make recommendations to the Executive Committee regarding criteria of the above listed hospital resources, facility commitment, and any additional requirements determined by the task force to be eligible for designation as a Stroke Receiving Hospital for the EMS system in Southern Nevada.

Objective 3D: Design process for keeping information obtained from 3B current for continuous system decision-making.

C. Establish Timeline for Reports to Executive Committee

Dr. Slattery thanked everybody for their participation and help. He stated there is a lot of work that needs to be done over the next 6 to 8 months but it will be well worth the effort to develop a better stroke system. He encouraged the chairpersons and committee members to commit themselves to this endeavor for at least the next year.

Mr. Chetelat explained that the long term goal is to develop a stroke system for Southern Nevada similar to what has been done with the trauma system in that the Executive Committee would report to Dr. Sands, Chief Health Officer, and eventually to the Board of Health to see if there is a desire to build a fully inclusive stroke system for Southern Nevada. The Medical Advisory Board would be a part of the stroke system through the EMS transport policies.

Dr. Selco mentioned that through a personal contribution to the American Stroke Association there is a funding source for meals. He offered the task forces to utilize the money to provide meals when they meet.

Rusty McAllister expressed concern about representation from the payor groups. Dr. Slattery stated that Bobbette Bond is representing the payor groups on the Executive Committee but was unable to make it to this meeting.

Mr. Cox stated that he helped present a pilot stroke protocol about 3 years ago that was turned down. He is very excited to see this happening and feels it will be a good thing for the community.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

V. ADJOURNMENT

As there was no further business, Dr. Slattery called for a motion to adjourn. The motion was made, seconded and passed unanimously to adjourn at 12:33 p.m.