

**STATE BOARD OF HEALTH
MINUTES**

**April 7, 2006
9:00 a.m.**

**Grant Sawyer Building
555 E. Washington Ave., Room 4401
Las Vegas, Nevada**

**Legislative Building
401 S. Carson Street, Room 2134
Carson City, Nevada**

BOARD MEMBERS PRESENT:

Dee Hicks, RN
Jade Miller, DDS, Chairman
Frances Sponer
Vishvinder Sharma, MD

BOARD MEMBERS NOT PRESENT:

Roger Works, DVM
Joey Villaflor, MD
William E. Quinn, IV, Vice Chairman

HEALTH DIVISION STAFF PRESENT:

Alex Haartz, Administrator, Nevada State Health Division
Cindy Pyzel, Chief Deputy Attorney General, Office of the Attorney General
Debi Galloway, Executive Assistant, Nevada State Health Division
Emily Fisher, Administrative Assistant II, Bureau of Licensure and Certification
Jonathan Andrews, Regional Chief Deputy Attorney General, Office of the Attorney General
Linda Anderson, Senior Deputy Attorney General, Office of the Attorney General
Lynn Solano, Health Resource Analyst II, Bureau of Health Planning & Statistics
Pam Graham, Chief, Bureau of Licensure and Certification
Patricia Chambers, Health Facilities Surveyor II, Bureau of Licensure and Certification

ADDITIONAL TESTIMONY PRESENTED BY:

Becky Van Haslen, St. Rose Dominican Hospital
Teresa Conley, St. Rose Dominican Hospital

OTHERS PRESENT:

Brent Layton, Centene Corporation/CHP, Inc.
Connie Akridge, Aveta Nevada, Inc.
Jennifer Carvalho, CHP, Inc.

Jade Miller, DDS, Chairman, opened the meeting at 9:15 a.m. Dr. Miller indicated the meeting was properly posted at the locations listed on the agenda in accordance with the Nevada Open Meeting Law.

1. Roll Call.

Debi Galloway, Executive Assistant, Nevada State Health Division, called role and indicated that Dr. Works was excused. Mr. Quinn and Dr. Villaflor were also not present; however, a quorum was established. Alex Haartz, Administrator, Nevada State Health Division and Secretary of the State Board of Health clarified that based on the members present all decisions on a motion must be unanimous because there were only four Board members present. He also reminded the Board that during the last meeting, they discussed canceling this meeting; however, they were unable to cancel the meeting due to Nevada Revised Statutes (NRS) 695C requiring the State Board of Health to take action within 90 days of receipt of the applications for Agenda Items 2.B., 2.C., and 2.D.

2. Consent Agenda

Dr. Miller asked if there was any objection to the Consent Agenda. Ms. Sponer requested to remove **Consent Agenda Item 2.A.**

There being no other objections to the Consent Agenda:

MOTION: Ms. Sponer moved to approve Consent Agenda Items #2.B., #2.C., and #2.D.
SECOND: Dr. Sharma
PASSED: UNANIMOUSLY

2.A. Case #574, St. Rose Dominican Hospital-Siena Campus: Request for a variance to NAC 449.61226(1), "Operating rooms: General requirements." "An approved hospital shall maintain two fully equipped operating rooms, one dedicated to and another available for services for open-heart surgery. Each operating room must have a minimum clearance of 400 square feet, exclusive of fixed cabinets and built-in shelves. Entry to the operating rooms must be limited to persons participating in the service." Request that cardiac surgeons be allowed to perform major vascular surgery in the dedicated open-heart surgery operating room, in addition to open-heart procedures, with the understanding that the alternate suite will be available for emergent open-heart surgery.

Pam Graham, Chief of the Bureau of Licensure and Certification indicated she was presenting Case #574 a request from St. Rose Dominican Hospital, Siena Campus to obtain a variance to NAC 449.61226(1). Ms. Graham explained that this section requires a hospital approved to provide open heart surgery services to "maintain two fully equipped operating rooms, one dedicated to and another available for services for open-heart surgery."

Ms. Graham explained that the facility was requesting a variance to this requirement because strict application of this regulation results in an undue hardship because the regulation limits utilization of the room. Patients and surgeons encounter extended delays in scheduling essential services, thereby creating hardships for patients and families. It also impedes the productivity and efficiency of the work flow for the cardiac surgeons. She indicated the facility was proposing that cardiac surgeons be allowed to perform major vascular surgery in the dedicated open-heart surgery operating room, in addition to open-heart procedures, with the understanding that the alternate suite will be available for emergent open-heart surgery. Ms. Graham then recommended that the State Board of Health approve St. Rose Dominican Hospital, Siena Campus' request for a variance to NAC 449.61226(1). She indicated the facility had representatives present to answer any questions.

Ms. Graham explained for Ms. Spomer that in the reports received by the Bureau of Licensure and Certification since the open-heart surgery services were approved in June 2000, there have only been three instances when the need for emergent open-heart surgery occurred, while the dedicated open-heart operating room was in use.

Teresa Conley, Chief Operations Officer, St. Rose Dominican Hospital, Siena Campus introduced Becky Van Haslen, Nurse Manager of the open-heart operating room at St. Rose Dominican Hospital, Siena Campus. Ms. Van Haslen indicated their goal is to deliver safe, quality and effective healthcare for cardiovascular services. Currently, their designated open-heart surgery room (OR8) is primarily used for open-heart procedures for cardiac surgery. They use an alternate room for other procedures. Whenever the cardiovascular surgeons want to schedule their procedures, they may opt to schedule an open-heart procedure, and they might have another procedure to follow. Currently, they only schedule open-heart procedures in OR8.

Dr. Sharma questioned why they couldn't schedule the other procedure in OR1. Ms. Van Haslen indicated they can, and that is what they do currently; however, it creates a scheduling conflict. She indicated they have four cardiovascular surgeons that operate at St. Rose. She then explained a scenario in which one surgeon might have an open-heart procedure, and they might also have a vascular or thoracic procedure, which they schedule in OR1. A second surgeon may want to schedule a Femoral Popliteal bypass (Fem-Pop) and then schedule another open-heart surgery later in the afternoon. She explained that the request was to allow more efficiency in scheduling to allow them to schedule patients more appropriately and provide the necessary care without delays.

Dr. Sharma then questioned if there could ever be a situation in which both OR1 and OR8 are being used for non open-heart procedures, and then an emergent open-heart procedure arises. Ms. Van Haslen indicated that could occur; however, she stated their statistics show that there have only been three instances in the last six years in which there has been an exception. They average between 200 and 220 open-heart procedures per year. Ms. Van Haslen then clarified for Dr. Sharma that they would like the ability to use both rooms for open-heart procedures depending on the schedule for the day.

Dr. Sharma then asked Ms. Van Haslen to clarify exactly what the variance was requesting. He indicated they currently have two rooms that are available to perform cardiac operations and both are fully equipped for those needs. Ms. Van Haslen then reiterated that they would like the ability to schedule a vascular procedure in OR8 if they need arises. Currently, based on the regulation, OR8 is to be a dedicated room for open-heart procedures.

Ms. Graham then clarified that they are requesting that the dedicated open-heart surgery room (OR8) be used in addition to open-heart procedures for major vascular surgery, with the understanding that the alternate room (OR1) be available for any emergent open-heart procedures. She also indicated that based on staff research, this practice is consistent with hospitals in California and Arizona.

Ms. Hicks then questioned if this practice is consistent with the other hospitals in Nevada. Ms. Hicks was concerned with setting precedence for the other hospitals. Ms. Graham explained that to staff's knowledge, there have been no other similar variance requests; all other hospitals that perform open-heart surgery are meeting the regulation. She also indicated that staff has received information that this practice is consistent nationally. Ms. Hicks then asked if there were any downfalls or consequences to the variance. Ms. Graham explained that staff believes it would not be an impairment to the health and safety of the public, to allow them to use OR8 (the current dedicated open-heart room) for major vascular procedures, as long as they ensure that the alternate room (OR 1) is available for open-heart emergent procedures. In fact, staff believed it might be an improvement because it would allow more flexibility for the cardiac and vascular surgeons to address patient needs in a more timely fashion.

Ms. Hicks questioned if other hospitals come forward with the same request, if the Board would approve those requests as well; she wondered if this request would set precedence for the other hospitals. Mr. Haartz reminded the Board that variance requests do not set precedence and that each request must be considered on its own merit. He indicated if the Board approved this variance request, they would not be under the obligation of approving the next request based solely on the approval of the current request.

Ms. Graham explained that staff can work with the hospital to see if any issues arise as the result of this variance in the event that another variance of this nature is requested. This would at least provide some history when, and if, another request comes forward.

Dr. Miller questioned what would occur if vascular procedures were being conducted in both OR1 and OR8, and then an emergent open-heart procedure presented. He felt most of the Board members would be comfortable if the planning would be such that OR8 and OR1 could be used for either open-heart or major vascular procedures as long as one of the rooms was available for emergent open-heart procedures.

Ms. Van Haslen indicated that was correct; if a vascular procedure was occurring in OR8, OR1 would not be scheduled so that it would be available for emergency open-heart procedures.

Ms. Conley further clarified that in the medical staff model at the hospital, they have a closed medical group that conduct cardiovascular cases. The surgeons that would conduct an open-heart case would also be the same surgeons that would conduct a cardiovascular case that might follow. She noted that they are sensitive to the issue of always having an open-heart suite available in the event that an unanticipated open-heart case should occur.

Ms. Conley clarified for Dr. Sharma that there are four surgeons in the closed medical group. Dr. Sharma then questioned if the hospital will have at least one of the rooms available for emergent open-heart procedures, why they could not just schedule vascular procedures in OR1, instead of OR8 since it is available.

Ms. Van Haslen then described a scenario in which they might be conducting an open-heart procedure in OR8, and an elective abdominal aortic aneurism in OR1. The situation might arise where they have completed with the open-heart procedure in OR8 (the current dedicated open-heart suite); however, the elective abdominal aortic aneurism procedure is still being conducted in OR 1. Then, they have an emergency type one procedure from the emergency room that must come straight to the operating room. If they place the emergency type one procedure in OR8, they would be violating the general requirements of the ordinance as it currently stands. In those emergency situations where OR1 is being used and they need to do another emergency procedure while the other procedure is still being conducted, they need to have the flexibility to put that patient in OR8. She stated that without this flexibility, it places a hardship on the hospital and the patients.

Ms. Van Haslen further clarified for Dr. Sharma that the variance request was strictly for cardiothoracic and vascular procedures. She indicated they have a dedicated neurosurgery suite that they use for scheduled and emergency neurosurgery cases. This room is set up with all the necessary neurosurgery equipment and instrumentation. Ms. Van Haslen further clarified for Dr. Sharma that they would only like to use OR8 for

cardiothoracic and vascular procedures. If there was another type of emergency such as a perforated ulcer, they would use another room, and not OR8. He then questioned why they would not just use another room for an aortic abdominal aneurism as well. Ms. Van Haslen explained that the OR suites are set up for different specialties. In OR1 and OR8, they have all of the suture, instruments and supplies that they need for major surgeries. Other rooms set up in the OR do not necessarily have all of the intricate suture, supplies, etc. as those two rooms. Currently, OR8 is already equipped for vascular surgery as the suture used for open-heart surgery is basically the same suture used for vascular surgery. They do not; however, have the equipment used for a subdural hematoma, for instance, in OR8.

Dr. Sharma understood Ms. Van Haslen's request, but indicated that like Ms. Hicks, he was concerned that they would be opening the door for every other facility. He stated there are some hospitals in which the operating rooms are extremely busy and this could create a situation in which there was not a dedicated room available for emergency open-heart surgery.

Ms. Sponer questioned if it was a requirement that a hospital that complies with NAC 449.61226 have a room available at all times for open-heart or cardiac procedures. She also questioned how many hospitals in Nevada currently meet the requirement. Ms. Graham indicated the regulation requires that the hospital maintain two fully equipped operating rooms; one dedicated to and another available for open-heart surgery. In this instance, they are requesting that one of the dedicated emergency open-heart rooms be available for vascular procedures as well. She also indicated that six hospitals in Nevada have dedicated open-heart surgery rooms and this is the first time that this variance has been requested.

Mr. Haartz then questioned if, under the regulation, hospitals with operating rooms are required to have an emergency capacity operating room available at all times. She did not believe that was a requirement. She indicated the requirement was for hospitals that provide open-heart surgery to have a dedicated operating room for emergent open heart surgery. Lisa Jones, Health Facilities Surveyor IV for the Bureau of Licensure and Certification believed that was also correct.

Ms. Sponer believed then that there was no requirement for a hospital that meets the regulation for open-heart surgery to keep a room available for emergencies; they could schedule open-heart surgeries in either room all day long. Ms. Jones clarified that the regulation requires that one room be designated; it does not state that they must keep the other room available at all times, but she believed that was the hospitals' goal. Ms. Van Haslen then clarified for Ms. Sponer that the hospital does try to keep at least one of the rooms available for open-heart procedures.

Ms. Graham also reiterated that this practice is consistent with the practices in California and Arizona.

Ms. Hicks was still concerned that the Board would be put in a position to deny another hospital with similar, but not exact, circumstances. Ms. Graham explained that by not having the scheduling flexibility, they are encountering significant delays in providing services to the patients.

Dr. Miller then explained that if additional information could be obtained to clarify some of the ambiguity, the Board could table the variance request until the next meeting. Ms. Hicks believed that would be beneficial.

There being no other comments:

MOTION: Ms. Hicks moved to table Case #574, St. Rose Dominican Hospital-Siena Campus' request for a variance to NAC 449.61226(1) until the Board's next meeting (June 16, 2006) in order to provide the Board with more information on what is occurring in the other hospitals in Nevada.

COMMENT: Ms. Sponer questioned if tabling the variance until the next meeting would encumber St. Rose. Ms. Van Haslen indicated they would continue with their current practice until the Board could meet again.

SECOND: Ms. Sponer

COMMENT: Dr. Miller commented that it would be helpful for St. Rose to clarify if the request is to accommodate emergency patients because the current request does not specify emergent vascular procedures or elective vascular procedures.

Ms. Van Haslen then clarified for Dr. Miller and Ms. Sponer that their request was for emergent and elective vascular procedures.

PASSED: UNANIMOUSLY

3. Public comment and discussion

Mr. Haartz announced that today's meeting would be the last time Debi Galloway would be assisting the State Board of Health as she has accepted a promotion within the Department. The Health Division will be recruiting for a new Executive Assistant and that individual would be assisting the Board beginning with the June 16, 2006 Board meeting.

Dr. Miller expressed appreciation for Ms. Galloway's assistance to the Board and wished her well in her new position. Ms. Hicks and Ms. Sponer echoed Dr. Miller's comments.

Ms. Galloway thanked the Board for their comments. She stated it had been a pleasure to work with Mr. Haartz and Health Division Administration and that she enjoyed working with the Board of Health. She also stated that working with the Board has been an educational experience and she greatly appreciated the opportunity.

There being no other public comment, Dr. Miller adjourned the meeting at 10:04 a.m.