



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

February 07, 2017

MEMBERS PRESENT

Mike Barnum, MD, Chairman, AMR
Chief Troy Tuke, Clark County F.D.
Karen Dalmaso-Hughey, AMR
Derek Cox, Las Vegas Fire & Rescue
Steve Johnson, MedicWest
Shane Splinter, Henderson F.D.
Jeff Davidson, MD, Medic West
Chief Kim Moore, Henderson F.D.
Eric Anderson, MD, MedicWest
Rick Resnick, Mesquite Fire & Rescue

Jim Kindel, Boulder City F.D.
Larry Johnson, Community Ambulance
Jason Driggars, AMR
Alex Malone, MD North Las Vegas F.D.
Frank Simone, North Las Vegas F.D.
Jason Andrus, Mesquite Fire & Rescue
Tressa Naik, MD, Henderson F.D.
David Slattery, MD, Las Vegas Fire & Rescue
Jarrod Johnson, DO, Mesquite Fire & Rescue
Matt Horbal, MD, Mt Charleston

MEMBERS ABSENT

Alicia Farrow, Mercy Air
Jill Jensen, JTM
Shane Race, Mercy Air

Daniel Rollins, MD, Boulder City F.D.
Steve Carter, AMR

SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director
John Hammond, EMSTS Manager
Gerald Julian, EMS Field Rep

Laura Palmer, EMSTS Supervisor
Scott Wagner, EMS Field Rep
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

Tony Greenway, VHS
Jennifer Kocis, Sunrise
Chris Racine, LVFR
Jordan Guirey, AMR
Daniel Perez, MWA

Chris Stachyra, Mercy Air
August Corrales, JTM
Jim McAllister, LVMS
Sarah Allen, AMR
Steve Krebs, UMC

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, February 06, 2018. Chairman Mike Barnum, called the meeting to order at 10:12 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Barnum noted that a quorum was present.

I. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chairman Barnum asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman Barnum stated the Consent Agenda consisted of matters to be considered by the Drug/Device/Protocol Committee that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: December 06, 2017

Chairman Barnum asked for a motion to approve the December 06, 2017 minutes of the Drug/Device/Protocol Committee meeting. A motion was made by Member Tuke, seconded by Member Moore and carried unanimously to approve the minutes as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Draft Epistaxis Protocol

Mr. Wagner reminded the committee that this protocol is to be reviewed and referred to the Medical Advisory Board for final approval.

Dr. Slattery noted that some of the crews have requested considering the use of rhino rockets or other devices in place of clamps for patients who are bleeding excessively. To approve this protocol in a timely manner Dr. Slattery will put together a budgetary impact statement and submit it to this committee later for further approval.

Chairman Barnum asked for a vote to move the draft epistaxis protocol to the Medical Advisory Board for approval. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

B. Review/Discuss Alternate Destinations for Transfer of Mental Health Patients

This item was tabled until the next scheduled meeting.

C. Review/Discuss Seventh Group of Protocols

1. Communications

Member Corrales presented the Committee with a proposed amendment to item three of the current Communications protocol. He would suggest including notification to receiving facilities for special isolation situations i.e. insect, chemicals, and radiation exposure. This would allow the facility to prepare an isolation room for the patient thereby avoiding exposure to patients in the emergency department and trauma areas. Also, adding the phrase “crew to meet with hospital staff prior to transfer of care.”

Dr. Slattery proposed removing telemetry for all code transports and replacing the language with time sensitive or life-threatening condition transports. He also suggested moving ETA to the top of the list for the trauma center telemetry report thus giving the trauma center time to activate their team.

Chairman Barnum asked for a vote make the above changes to the Communications protocol. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

2. Do Not Resuscitate (DNR/POLST)

No suggested changes

3. Documentation

Dr. Slattery asked for an addition to the protocol saying, “the associated monitor file must be uploaded and attached to the patient care record if the monitor was used for any of the following purposes; assessing and/or monitoring the cardiac rhythm, obtaining a 12-lead EKG, provide an electrical therapy cardioversion defibrillation and/or pacing, monitoring co2, and any technical issue must be documented in the patient care

record system.” This language is included in his agencies SOP and makes this documentation mandatory rather than recommended. Dr. Slattery will forward exact language to Ms. Palmer for protocol update.

Chairman Barnum asked for a vote make the above changes to the Documentation protocol. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

4. Hostile Mass Casualty Incident

Dr Slattery expressed concern with the protocol not offering any flexibility to allow for an under-resourced triage/treatment area. It was suggested by several members to add the language “as resources permit” thereby offering some flexibility to the crews.

Chief Moore indicated that the police department has renamed from force protection team to rescue task force and suggested that change be made where necessary.

A motion was made by Dr. Slattery to add the language as resources permit, change will be treated to shall be treated, change force protection team to rescue task force, and delete bullet-point four in the right bottom text box.

Chairman Barnum asked for a vote make the above changes to the Hostile Mass Casualty Incident protocol. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

5. Inter-Facility Transfer of Patients by Ambulance

Member Johnson noted the following housekeeping changes; removal of the EMT-I and EMT-P because these certification levels are no longer being used.

6. Pediatric Patient Destination

No suggested changes

7. Prehospital Death Determination

This item was tabled until the meeting scheduled for April 4, 2018.

8. Public Intoxication

Dr. Slattery recommended adding language to contact WestCare via the approved fire alarm office patch for the call to be recorded thereby lessening the chance of refusal of patients upon arrival at facility.

Chairman Barnum asked for a vote make the above changes to the Public Intoxication protocol. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

9. Quality Improvement Review

No suggested changes

10. Termination of Resuscitation

This item was tabled until the meeting scheduled for April 4, 2018

11. Transport Destinations

This item was tabled until the meeting scheduled for April 4, 2018

12. Trauma Field Triage Criteria

No suggested changes

13. Waiting Room Criteria

Member Johnson noted this protocol applies to EMT rather than Paramedics and the language should be updated.

Dr. Slattery requested the Diastolic Blood Pressure be changed from 60 – 100 to 60 – 110.

Chairman Barnum asked for a vote make the above changes to the Waiting Room Criteria protocol. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

Ms. Palmer noted the same changes will be made to the corresponding Transport Destination protocol.

14. Target Temperature Management & Post-Resuscitation

This item was tabled until the meeting scheduled for April 4, 2018

D. Review/Discuss Draft Psychiatric Patient Destination Protocol

Dr. Slattery shared the following information with the Committee. Approximately two years ago the Governor's Council for Behavioral Emergencies identified Southern Nevada's funding to be in critical condition. As a result, a special council was convened of which Dr. Carrison was involved. One item brought forward to the council was to change the culture of taking all psychiatric patients to emergency rooms for clearance. Instead, paramedics will screen them for mental health issues and then deliver them to a mental health facility when appropriate. In December filming was conducted at CSN in which psychiatric conditions were played out. These scenarios will be used for EMS education in the future. The City of Las Vegas, Las Vegas Fire and Rescue and their private ambulance partners have applied for a grant in which a small pilot study can be conducted to show that all these patients do not need to be delivered to emergency rooms. This will include the formation of a crisis response team consisting of a Paramedic, AEMT, and one masters educated mental health professional responding to 25 alpha and bravo calls over an 18-hour period. The goal is to demonstrate the feasibility of patients being evaluated by this team and transferred directly to the proper facility which will improve care given to these individual.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Chairman Barnum asked if there were any informational items to be discussed. There were none, and this portion of the meeting was closed.

V. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Barnum asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chairman Barnum called for a motion to adjourn. A motion was made by Member Driggars, seconded by Member Cox and carried unanimously to adjourn at 11:05 am.