Draft Minutes of Meeting – Subject to Change Upon Approval by the Drug/Device/Protocol Committee at their next regularly scheduled meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

March 01, 2017 – 10:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, Vice Chairman, AMR
Tressa Naik, MD, Henderson FD (phone)
Derek Cox, Las Vegas Fire & Rescue
Troy Tuke, Clark County F.D.
Kim Moore, Henderson Fire Department
Frank Simone, North Las Vegas F.D.
Devon Eisma, Mercy Air
Jason Driggars, AMR
Jim Kindel, Boulder City F.D.
David Slattery, MD, Las Vegas Fire & Rescue
Ryan Bezemer, Community Ambulance

MEMBERS ABSENT

Jarrod Johnson, DO, Mesquite Fire & Rescue
K. Alexander Malone, MD, North Las Vegas F.D.
Melanie Ondik, RN, Community Ambulance
Eric Anderson, MD, MedicWest Ambulance
Rick Resnick, Mesquite Fire & Rescue
Brandon Hunter, MedicWest Ambulance
August Corrales, JTM

SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director (phone)
Laura Palmer, EMSTS Supervisor
Scott Wagner, EMS Field Rep
John Hammond, EMSTS Manager
Gerry Julian, EMS Field Rep
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

Tony Greenway, Valley Health Systems
Brandie Green, CSN
Vicki Walker, RN Spring Valley Hospital
Glenn Glaser, MedicWest Ambulance
Chris Racine, Las Vegas Fire & Rescue
Jim McAllister, LVMS
Dr. Amandeep Dhillon, Spring Valley Hospital
Matthew Dryden, AMR
Jarod Barto, Las Vegas Fire & Rescue

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, March 01, 2017. Vice Chairman Mike Barnum, MD, called the meeting to order at 10:15 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Vice 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. Vice Chairman Barnum asked if anyone wished to address the Committee pertaining to items listed on the Agenda.

Dr. Amandeep Dhillon introduced herself and nurse specialist Vicki Walker both from Spring Valley Hospital. Ms Walker introduced a protocol proposal for the "Dhillon Scale" which is a combination of the Cincinnati Stroke Scale with a gaze deviation being the deciding factor. After doing a retrospective study of seventy-six cases of thrombectomys over the prior twelve months between Spring Valley and Valley Hospital, it was determined this is potentially a successful tool. These hospitals were chosen because they have the IR procedure and are capable of administering thrombectomys. It was found that 99% of the cases showed a Cincinnati score of two or greater and 82% of the cases also showed a gaze deviation. Those were the individuals with large vessel occlusions and ultimately received thrombectomys. When looking at TIKI scores 85% of the patients that had thrombectomies had return of flow. Ms Walker reported that upon examining the retrospective, if the patient had a TIKI of 2b, 2a or 3, which would be complete restoration of flow, then it was a successful thrombectomy. This is why Dr. Dhillon believes there is a link to gaze deviation, and by adding this step to the currently used Cincinnati Stroke Scale, there should be increased specificity.

Dr. Barnum summarized by stating there is an anticipation of prehospital stroke management which would separate the large vessel occlusion patients and transport them to facilities that have the ability to perform thrombectomys. He stated that these protocol changes will probably be occurring fairly soon.

Dr. Barnum thanked Dr. Dhillon for her input.

As there were no additional comments, Dr. Barnum closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Vice 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 Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: November 02, 2016

Vice Chairman Barnum asked for a motion to approve the November 02, 2016 minutes of the Drug/Device/Protocol Committee meeting. *A motion was made by Chief Troy Tuke, seconded by Frank Simone and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Nomination of Vice-Chair

Dr. Barnum called for nominations for Vice-Chair. As there were none, Mr. Hammond advised the committee that a nomination form can be sent via email and the matter can be discussed further at the next scheduled meeting.

B. Review/Discuss Adult Intraosseous Access by Advanced EMTs

Dr. Slattery reported to the committee an idea that was brought forth from a firefighter AEMT who used to work at a rural system and was allowed to do interosseous. Currently our protocol restricts IO administration to the paramedic level. We think that adding more hands to be able to start the IO in those emergency resuscitation situations will be a good thing as well as fostering the growth and development of our AEMT crews. Dr. Slattery does not suggest extending the IO administration to the pediatric patients due to its level of difficulty. Dr. Slattery stated that the Easy IO device makes the procedure easy to perform and would suggest training AEMTs in its use. Dr. Slattery made the suggestion to possibly move this forward as a pilot program in order to gather some data and then bring it back to the MAB in three to six months.

Carl Bottorf of Life Guard International stated that while in the Air Force, he conducted studies in the use of the Easy IO for humeral insertion in the attempt to acquire FDA approval. He firmly believes that AEMTs can perform this procedure. His recommendation would be to use the proximal tibial plateau as the site as the failure rate is much higher when using the humeral head.

Chief Tuke expressed concern with training his 600 AEMTs and the lack of opportunity for them to practice this skill along with the cost of training. Chief Tuke suggested this be optional for the agencies who would like to implement this process.

Mr. Hammond relayed the fact that optional procedures are near impossible to accurately track. With regard to skill degradation, labs could be done to keep the skills intact. A final decision cannot be made today as this will have to be referred to the MAB for a final decision. Mr. Hammond suggested that all AEMTs be trained and authorized to perform the IO administration and it will be up to the paramedic on scene to decide who performs the procedure. *A motion was made by Dr. David Slattery, seconded by Devon Eisma to allow for a two year period in which to train 90% of the AEMTs in the Easy IO procedure.*

C. Review/Discuss Schedule for Periodic Review of Protocol Manual

Dr. Barnum suggested that the committee divide the protocols into small sections, ten for instance, and disperse them among members to review, discuss and decide on changes to be referred back to the entire committee for final decision.

Dr. Slattery stated that a two year comprehensive review of the entire protocol manual would be advised with an annual review of high priority protocols.

Dr. Young would like to review the manual as it was done previously; take approximately 1/6 of the care protocols and review them during a Drug/Device/Protocol meeting. As an alternative, protocols could be chosen, dispensed to committee members to review outside of the meeting and then come prepared to the next scheduled meeting with suggested revisions.

D. Develop Protocol for Addition of EKG Receiving Capable Facilities

Chief Tuke reported that county fire is currently working on an EKG transmission trial with Sienna and San Martin Hospitals. In the past this was not successful because there was not feedback provided by the hospitals but this problem seems to have been addressed at this time. He stated that the most important thing to be done is identify the STEMI early, call it in on the radio early, then send the EKG transmission to confirm. He also suggested that there may be a need for a specific STEMI protocol instead of only adding EKG transmission to the current protocols.

Dr. Slattery reported his agency is not currently able to transmit EKGs. They were ready to do so approximately two years ago but the hospitals were not and currently it is not budgeted for his agency. He also stated he does not equate transmission with a higher standard of care.

Dr. Young stated that his belief is that EKG transmission is the best and quickest way to deactivate the cath lab from the hospital. He suggests the possible addition of a list of facilities that can receive EKGs to the protocol manual.

Dr. Barnum suggest to the committee to bring to the MAB discussion of the current ACS protocol with some of the suggested revisions and evaluation of the idea of a STEMI protocol and a large vessel occlusion protocol.

Mr. Hammond said he believes MAB needs to direct the committee to develop a stroke/STEMI protocol. At that time this item can be included along with anything else that may come up.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Vice Chairman Barnum asked if anyone wished to address the Committee. Seeing no one, he closed the Information Items/Discussion portion of the meeting.

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. Vice Chairman Barnum asked if anyone wished to address the Committee.

Matthew Dryden, a paramedic with AMR expressed his concern with the protocols stating to administer glucose under hyperkalemia. The AHA removed this item from the guidelines in 2015.

Dr. Young reminded the committee that this has been brought to their attention in the past and that clinical assessment is done in a circular pattern. You would not stop other assessments to check blood glucose. He did however say that this is a good example as to why there is a need for regular evaluation of the protocol manual.

VI. ADJOURNMENT

There being no further business to come before the Committee, Vice Chairman Barnum called for a motion to adjourn. *A motion was made by John Hammond, seconded by Chief Troy Tuke and carried unanimously to adjourn at 11:24 am.*