MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

August 05, 2015 – 10:00 A.M.

MEMBERS PRESENT

Bryan Bledsoe, DO, Chairman, MWA
Brandon Hunter, MWA
Chief Chuck Gebhart, Boulder City Fire Dept.
Troy Tuke, Clark County Fire Department
Frank Simone, NLVFD
Ryan Bezemer, Community Ambulance
Mike Barnum, MD, Vice Chairman, AMR
Eric Dievendorf, AMR
Derek Cox, LVF&R
Chief Rick Resnick, MFR
Chief Scott Vivier, Henderson Fire Dept

MEMBERS ABSENT

Jarrod Johnson, DO, MFR
August Corrales, JTM
K. Alexander Malone, MD, NLVFD
Devon Eisma, Mercy Air

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Gerry Julian, EMS Field Representative
John Hammond, EMSTS Manager
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Stephen Johnson, MWA
Tressa Naik, M.D., Henderson Fire Dept.
Steve Krebs, MD, UMC
Mark Calabrese, CCFD
Henry Kokoszka, HFD
David Slattery, M.D., LVF&R
Tony Greenway, AMR
Jim McAllister, LVMS
Glenn Glaser, MW
Joe Richard, LVF&R
Spencer Lewis, Mesquite Fire
Sarah McCrea, LVF&R
Sam Scheller, GE
Dale Carrison, DO, CCFD

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, August 05, 2015. Chairman Bryan Bledsoe, D.O. called the meeting to order at 10:09 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Bledsoe 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 Bledsoe 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 Bledsoe 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.

Minutes Drug/Device/Protocol Committee Meeting, June 03, 2015

Chairman Bledsoe asked for a motion to approve the consent agenda which included the minutes of the June 03, 2015 Drug/Device/Protocol Committee meeting. *Motion made by Member Simone seconded by Member Tuke and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Proposed EMS First Response Assessment & Release Procedure for Low Risk Alpha Level Calls

Dr. Slattery stated that as their volumes continue to increase, they have been looking at multiple options with regard to the overburden of the 911 system. He added that there was a protocol in place over 10 years ago for a fire department first responder to leave the scene of a low level alpha call if the patient had stable vital signs. There was a form that the first responder would fill out and leave with the patient while an ambulance provider was in route. He referred to the draft proposed criteria handout and stated that this proposal goes through the different inclusion and exclusion criteria. The idea is that the patient would be assessed and have normal vital signs with no high risk features, be comfortable with the decision, have the ability to call 911 and it was important that the patient didn't need any concurrent or continuous care. Their proposal is that the crews could release from scene while waiting for the ambulance to arrive on scene. He referred to the graph that was handed out and explained the data that shows the time difference between first response and the ambulance arrival to answer any questions with regard to how often these situations happen.

Chief Vivier added that Henderson Fire used this procedure in the past when their call volumes were much lower and felt that this would be beneficial for their system. It allows an engine company to clear without having patient abandonment issues.

Chairman Bledsoe felt this is one of the highest risk things you can do in EMS.

Dr. Slattery agreed and added that the patient has to agree and be comfortable with the decision. This process has 100% Quality Assurance (QA) built in because every call is going to have eyes from a separate set of providers that will present real time feedback.

Dr. Bledsoe stated that if the patient is waiting for an ambulance by definition they require ongoing care. He questioned if it would be easier to just change their dispatch protocols so they don't go to those low risk alpha calls.

Dr. Carrison agreed and questioned how much of a time saver this process would be when the first responder is going to do a complete evaluation with a complete set of vitals. He added that in his discussions with Clark County Fire they were looking at not responding to certain alpha calls which would be a greater saving.

Dr. Slattery felt that it is difficult to define which alpha calls don't need a first response until you have eyes on the patient and a set of vital signs. He added that they looked at this over the last 2 years and there were a high percentage of calls back to the hospital code 3 that started out as alpha calls.

Chief Vivier Scott stated that for them what it would do is if an engine company responded, which is frequently the case because they have more engines than rescues and their rescues were busy, it would free the engine up if another call came in. It was a good alternative for those times when the system peaked and there were no rescue units available. This could certainly be a tool for all of us as our systems continue to get busier.

Mr. Tuke stated that they don't see a lot of upgrades or bad outcomes from the alpha call. He felt that as long as it is optional and not mandated for all departments he was in favor of implementing this process.

Chief Vivier mentioned that in the past, they only left because they had to go to another call. He added that he does have concerns because it is a very high risk situation but felt ethically they could defend it.

Dr. Bledsoe felt that this was a risk management issue and one bad case is all it needs. He added that he agreed with the argument that Chief Vivier made to leave for another call and asked Dr. Slattery if he would be willing to modify his proposal to say use this when a second call comes in territory.

Dr. Slattery stated that with the criteria defined, he felt the process was safe and added that there is no reason for them to wait on scene for an ambulance.

Chief Vivier stated that the one who assumes all the risk would be the leaving agency.

Dr. Carrison questioned if there was joint liability because the Medical Advisory Board (MAB) has approved this protocol.

Mr. Hammond stated that the MAB advises the Health Officer in regard to distributing the protocols. Dr. Iser will not be attending the MAB so he will not be able to voice his opinion on this regard.

Dr. Young felt that the liability is higher because you are creating the patient relationship as opposed to the alternate. If the fire department does not respond, the patient will have to wait 20 minutes for an ambulance because they are an alpha level call. From a patient standpoint, that is less care but from a liability standpoint, it is less liability. He felt that by making that contact you actually increase your liability but it is also the better for the patient.

Dr. Slattery agreed and added that this is an opportunity for them to have the courage to look at these cases.

Chief Vivier stated that the challenge here is it is pure abandonment when you look at the definition. The protocol said you are not abandoning this patient because the transfer of care is happening via this process. The Non-Emergency Field Assessment form is the surrogate for the transfer of care.

Dr. Slattery advised the Committee that the Non-Emergency Field Assessment form that was in their handouts is the old form. He added that he didn't want to take the time to create a new one until they agreed on this process

Dr. Carrison suggested adding a disclaimer on the form that says that the decision to implement the protocol is an individual agency decision.

Dr. Bledsoe commented that the whole point of this system is they all do the same thing. The Medical Priority Dispatch System was never designed to tease out the low acuity calls. It was designed to identify the high risk patient.

Dr. Carrison stated that he agreed with Chief Vivier with regard to the 2nd call coming in and you've got somebody in cardiac arrest. Somebody needs to go to those because that's where they could make a difference.

Mr. Greenway stated that they have reviewed the relationship between what an Emergency Medical Dispatcher (EMD) determines the level of call is to what their paramedics actually put as their rule out diagnosis which is called determinant triage, and that number is over 85% accurate. He felt the Fire Alarm Office (FAO) is doing a much better job then what they are giving them credit for. He added that they are certainly willing to commit to QA 100% of these cases to identify if there is something that didn't fit criteria or if there was an opportunity to do it better.

Mr. Tuke stated that he wants to make sure that this is optional process.

Member Cox made a motion to accept the Proposed Criteria for First Response Evaluate/Release for Low-Risk Alpha Calls draft, which would be optional for providers arriving on Alpha level responses with the caveat that the Non-Emergency Field Assessment form that will be created include a person's signature on the form. Seconded by Chairman Bledsoe and carried unanimously.

B. Southern Nevada Fire Operations (SNFO) Report

Tabled

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Bledsoe advised the Committee that the new ACLS standards will be published on October 15, 2015. He added that the American Heart Association is now is doing first aid standards, so there will be several things that previously haven't involved the MAB that will be up for discussion.

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 Bledsoe asked if anyone wished to address the Committee. 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 Bledsoe called for a motion to adjourn; *Motion made by Member Tuke, seconded by Member Naik and carried unanimously to adjourn the meeting at 10:59 a.m.*