



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

November 05, 2014 – 9:00 A.M.

MEMBERS PRESENT

August Corrales, Chairman
Chuck Gebhart, Boulder City Fire
Steve Johnson, MedicWest Ambulance
Brandie Green, CSN

Frank Simone, NLVFD
Donna Miller, RN, Life Guard Int'l
Derek Cox, LVFR

MEMBERS ABSENT

Clement Strumillo, Community Ambulance
Jason Driggers, AMR

Chief Scott Vivier, HFD
Don Abshier, CCFD

SNHD STAFF PRESENT

Mary Ellen Britt, EMSTS Manager
Gerry Julian, EMS Field Representative
Dan Musgrove

John Hammond, EMSTS Supervisor
Judy Tabat, Recording Secretary
Heather Anderson-Frank, Associate Attorney

PUBLIC ATTENDANCE

Ben Miller, Mercy Air
Barbara Stolfus, TriState Careflight
Rod Sholty, Life Guard Int'l
Jim McAllister, LVMS
Jamie Lewis, Mercy Air
Dineen McSwain, UMC
Jordan Vivone, CSN
Nathan Root, CSN

Chad Fitzhugh, Mercy Air
Mark Calabrese, CCFD
Eric Anderson, MD, MedicWest Ambulance
Chris Stachyra, Mercy Air
Rebecca Carmody, CSN
Kurt Thien, CSN
Allison Sawyer, CSN

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, November 5, 2014. Chairman August Corrales called the meeting to order at 9:04 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Corrales 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 Corrales 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 Corrales stated the Consent Agenda consisted of matters to be considered by the Education 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 Education Committee Meeting, September 10, 2014.

Chairman Corrales asked for a motion to approve the minutes of the September 10, 2014 Education Committee meeting. Motion made by Member Simone, seconded by Member Green and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion on Appointment of Education Committee Chairman and Vice Chairman

Member Cox made a motion to nominate Frank Simone as Chairman of the Education Committee and August Corrales as Vice Chairman, seconded by Member Green and carried unanimously.

B. Discussion of Proposed Revisions to the District Procedure for EMS-RN Training & Endorsement

Mr. Julian stated that in the previous meeting there were 3 topics of discussion that were tabled. One being to add 24 hours of PICU to the initial clinical training for the EMS-RN, the second was to research whether TNCC (Trauma Nurses Core Course) and TNATC (Transport Nurse Advanced Trauma Course) are equivalent to the PHTLS portion of the prerequisites and finally there was discussion with regard to accepting agencies CAMTS accreditation for licensing EMS-RN's in Clark County.

Chairman Corrales asked for a motion to add 24 hours of PICU to the clinical training of an EMS-RN. Motion made by Member Simone with no second. Chairman Corrales stated that without a second the motion will not be considered.

Mr. Julian stated that with regard to the TNCC and TNATC courses being equivalent to the PHTLS, he felt that the TNATC does involve the prehospital care aspect but the TNCC does not.

Ben Miller from Mercy Air advised the Committee that TNATC is being changed to TPATC (Transport Professional Advanced Trauma Course) to include both nurses and paramedics. Mr. Sholty added that the TPATC is a 3 day course and the prerequisite is PHTLS, ITLS or TNCC.

Mr. Cox questioned who teaches the TPATC and how do they become a training center. Mr. Miller stated that it is handled through ASTNA (Air and Surface Transport Nurses Association).

Mr. Hammond stated that the issue with the TNATC/TPATC is that there is a prerequisite for prehospital life support (PHTLS) to get into the program and the discussion is whether or not the SNHD prerequisite of PHTLS is redundant. The TNCC which is not a prehospital trauma course can be used in the trauma component so if this Committee wants to change the prerequisite he suggested adding a prehospital and hospital trauma component into that rather than accepting TNCC for the traumatic emergencies requirement.

Mr. Corrales recommended that this be tabled until they can see the curriculum and have a comparison between the two. Donna Miller from Life Guard International agreed to bring the curriculum.

Ms. Stolfus from TriState CareFlight felt that the Health District should accept a company's CAMTS accreditation for licensing EMS-RN's in Clark County and the reason why they have not put their nurses through the curriculum that is required by the Southern Nevada Health District (SNHD) is cost and benefit. She stated that the feedback she received from the nurses who went through the clinical requirement was it was very much hands off and those clinical hours gave them zero flight nurse experience at a significant cost to the company. She suggested that since they put a nurse and a paramedic on an aircraft, instead of making the nurses into paramedics, allow them to be overseen by the State Board of Nursing and since CareFlight is already a CAMTS certified organization they have all of the documentation, all of the evidence based practice to govern them. She also added that she felt TNCC should be acceptable because they have someone with prehospital experience on the aircraft with them.

Ms. Miller suggested that SNHD change their regulations with regard to staffing requirements for the fixed wing air ambulance service. Currently the rotor wing is required to have a primary and secondary

attendant on board however, the fixed wing is only required to have a primary attendant and she felt it would be in everybody's advantage including the patient to change the SNHD regulations requirement that any team must have a nurse and medic on board. Mr. Hammond informed Ms. Miller that would require a regulation change and this meeting is on procedures.

Mr. Hammond addressed Ms. Stolfus with regard to the 120 hour clinical requirement stating it has been discussed that if the EMS-RN in question has had significant time in a particular category that they would consider waiving that requirement. He added that nurse graduates are generalists and are required to go through those particular areas and felt that to spend 120 hours in a critical care setting and not gain any experience is somebody who is not participating in the activity. Whether or not you can do skills while you are there is between you and your organization that you are contracted with.

Mr. Julian advised the Committee that the CAMTS specifically states in their position paper that was updated July 2013 that because the CAMTS standards are written to apply to medical transports systems worldwide they may not address the unique needs or characteristics of the local region or state. CAMTS standards are by no means minimal standards for a safe and quality program instead they represent a standard that exceeds those minimums and then the last paragraph says that States should determine the minimum standards for its jurisdiction.

Mr. Miller stated that he is the regional clinical manager for Mercy Air and has direct oversight of 10 bases in 7 different counties, 5 of which are in California. Each county in regards to their paramedics have their own protocols, have their own requirements, and there is a lot of direct LEMSA (Local EMS Authority) oversight so this is very much a standard. Air Methods as a whole operates in 40 something states and each state and each county is very different and that is the cost of doing business. He added that continuing education is very different from initial education and Mercy Air supports the SNHD requirement.

Mr. Corrales commented that he also works in an Emergency Room as a paramedic and felt that in critical care instances paramedics look at those patients in a different way than a nurse with traditional hospital experience. In a critical situation, the paramedic would recognize that certain things need to be done within a certain amount of time and know how to manage and perform those skills very well. The marriage of the paramedic and an RN on a flight crew is critical and felt the Health District should maintain that standard. He added that on the agenda it states proposed revisions to the District Procedure for EMS-RN Training & Endorsement and asked the Committee if there is anything that needs to be changed in the prerequisites from the Health District or Flights point of view.

Ms. Stolfus suggested adding verbiage to include HPS (Human Patient Simulator) and/or cadaver to the minimum clinical Course content requirements.

Ms. Britt stated that the current procedure states that the agency's medical director may adjust the hours devoted to a specific clinical rotation, depending on the nurse's background, but not the total number of required hours and questioned if that language would not enable us to do what Ms. Stolfus has asked.

Mr. Hammond stated that they allow for previous experience to act in lieu of a particular clinical rotation but they would still have to do 120 hours.

Ms. Stolfus felt that their experience in those different areas should be allowed to reduce the 120 hours.

Ms. Britt stated that if that individual is in fact able to demonstrate that they've had clinical experience in a particular area is this Committee willing to waive the number of hours.

Mr. Cox was hesitant to agree and felt that would be like asking an EMT who had worked in the ER for years and is getting ready to do his paramedic internship and to say to him that with your job experience let's not do that clinical rotation in the ER.

Chairman Corrales suggested that in the interest of time he would like to table this discussion until next meeting to come up with a better counter proposal.

Member Miller made a motion to bring back the District Procedure for EMS-RN Training & Endorsement review, seconded by Member Cox and carried unanimously.

C. Update on FTO Project

Mr. Simone updated the Committee on the FTO project stating that they have shot a video and has multiple views of what the expectations are pertaining to a prompt and some of the new criteria for the grading

process. The product is good in regards to the video component and he is still waiting to see if there is any additional text needed to clarify the process.

Mr. Corrales stated that he would like to have this wrapped up and have it ready for the students as a formal product with a target date of January 2015.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

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 Corrales asked if anyone wished to address the Committee.

Ms. Stolfus asked if this Committee could entertain a suggestion that the EMS Paramedic Instructors be allowed to do a portion of the EMS-RN field internship since both the EMS-RN and Paramedic Instructors receive the same exact training through SNHD. Currently only an EMS-RN Instructor can precept and EMS-RN and their clinical practitioners feel there are getting a better experience from the paramedic.

Mr. Fitzhugh from Mercy Air voiced his concern with regard to the EMS Paramedic Instructor not being allowed to do certain skills that an EMS-RN can and if he is flying with a brand new nurse, who I am supervising for that flight and they are not comfortable with that skill or they don't feel ready to do that skill, I am not able to step up and do that procedure. By having an EMS-RN primary instructor or secondary instructor coaching them in that process they are able to step up and do those procedures when that nurse is unable.

Chairman Corrales asked if anyone else 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, a motion to adjourn was made by Member Green; seconded by Member Cox. Chairman Corrales adjourned the meeting at 10:13 a.m.