MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

January 07, 2015 – 9:00 A.M.

MEMBERS PRESENT

Frank Simone, Chairman, NLVFD
Chief Chuck Gebhart, Boulder City Fire
Steve Johnson, MedicWest Ambulance
Brandie Green, CSN
Clement Strumillo, Community Ambulance
Steven Carter, AMR
August Corrales, JTM
Donna Miller, RN, Life Guard Int'l
Derek Cox, LVFR
Syd Selitzky, Henderson Fire (Alt.)
Mark Calabrese, CCFD (Alt.)
Chad Fitzhugh, Mercy Air

MEMBERS ABSENT

Chief Scott Vivier, HFD
Don Abshier, CCFD

SNHD STAFF PRESENT

Mary Ellen Britt, EMSTS Manager
Judy Tabat, Recording Secretary
Gerry Julian, EMS Field Representative

PUBLIC ATTENDANCE

Eric Dievendorf, AMR/MWA
Jim McAllister, LVMS
Dineen McSwain, UMC
Glen Glaser, MWA
Rachel Neubauer, UMC
Eric Anderson, MD, MedicWest Ambulance
Chris Stachyra, Mercy Air
Peter Fecteau, AMR
Jenn Renner, HCA
Kristine Browder, MWA

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, January 7, 2015. Chairman Frank Simone called the meeting to order at 9:01 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Simone 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 Simone 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 Simone 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, November 05, 2014.

Chairman Simone asked for a motion to approve the minutes of the November 05, 2014 Education Committee meeting. *Motion made by Member Johnson, seconded by Member Strumillo and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

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

Mr. Julian stated that in the previous meeting there was discussion with regard to accepting agencies CAMTS accreditation for licensing EMS-RN's in Clark County. After reviewing CAMTS initial training standards it was determined that they mirror the Health District standards. The agency would need to provide the documentation that the individual has completed the requirements by CAMTS/SNHD and after reviewing that documentation the individual would be eligible to take the ALS exam.
He added that the other discussion was with regard to the 120 hours of clinical course content. Currently the procedure states that the agency's medical director may adjust those hours depending on the nurse's background, but not the total number of required hours. It was decided that if the EMS-RN in question has had significant time in a particular category the Health District would evaluate that training and would consider waiving that requirement without adding those hours to another category.

Chairman Simone questioned if any language needs to be changed to indicate equivalency because how it is written right now indicates the applicant must successfully complete an internship of no less than 120 hours of field experience under the direction of an EMS-RN who is endorsed as an instructor. Mr. Julian stated that he was discussing the 120 hours of clinical course content. Nothing would change as far as an internship is concerned which is required for Rotorwing/CCT EMS RNs.

Ms. Miller suggested changing the topic of Operating Room (OR) in the clinical course content to Advanced Procedures since the only reason they go to the OR is for intubations and they can get those in the emergency room (ER).

Chairman Simone questioned if there was any value of the 24 hours in the OR if the whole purpose is for intubations.

Mr. Fitzhugh felt it was more important to have the number of intubations as opposed to the time they spend in the OR. He felt that the experience a person gains in the OR working with an anesthesiologist especially for someone who has never intubated before will set them up for success. Ms. Britt expressed concern over just quantifying the intubations. She agreed that there is something to be gained from the experience.

Chief Gebhart questioned if there was a reason they couldn't just lower that number from 24 hours to 6 hours in the OR just so that they get that experience.

Mr. Fitzhugh stated that sometimes it's hard to find the anesthesiologist who will let you do the intubation. If they did two 6 hour days that would be 12 hours with a minimum number of intubations

Ms. Miller stated that when they have their new nurses spend time with the medical director in the ER, it is not only to accomplish the advanced skills; it is more to develop a rapport with the doctor so he is able to identify their strengths and weaknesses. As a fixed wing provider, she didn't know how much value spending 12 or 16 hours in the OR would really bring and felt it should be at the judgment of the medical director.

Mr. Johnson stated that section IV allows the medical director to adjust the hours depending on the nurse's background. Ms. Britt stated that the intent of that was based on the individual's background so they could adjust that. The total number of hours still needed to be accomplished in terms of the 120. She asked the Committee if they want to set a minimum number of hours for the OR experience and then allow the medical director latitude to adjust that accordingly.

Mr. Corrales made a motion to rename item D to advanced skills, maintaining the 24 hours, adding a part 6 to item VIII below to include 6 hours OR time which can be applied to the advanced skills. The motion was not seconded. Chairman Simone stated that without a second the motion will not be considered.

Mr. Calabrese questioned that if the goal is to get intubations does it matter how many hours. If there is more of an opportunity to get them in the OR then they should send their staff to the OR so each agency

can develop those relationships. Mr. Cox added that the goal is not the time in the OR; it's the documentation of successful intubations.

Ms. Britt added that it is also working with experienced practitioners that can give you tips so it's really not just the intubations, it's the experience.

Mr. Fitzhugh stated that to build those fundamentals skills he felt being in the OR with an anesthesiologist who will take the time and go over proper positioning of the head and how to hold the laryngoscope properly will set them up for success. The structure of the OR is to get the airway management experience.

Ms. Britt felt that everyone is in agreement that the 24 hours in OR is too much. She asked the Committee if they need to set a minimum number of hours or does the medical director have the discretion to determine the number of hours he feels is appropriate.

Chief Gebhart stated that it was important that they set a minimum for some kind of standard across the board.

Mr. Cox stated he would be in favor of reducing the number of hours to 12 and saying so many intubations should be done in the OR and so many in the ER as a minimum standard with documentation.

Member Corrales made a motion to reduce the number of hours for Operating Room in the clinical course content to 12 hours reducing the total hours to 108. Member Strumillo seconded and carried unanimously.

Mr. Cox questioned if they ever resolved the discussion regarding the TNCC (Trauma Nurses Core Course) and TNATC (Transport Nurse Advanced Trauma Course) and whether they are equivalent to the PHTLS portion of the prerequisites when it came to the EMS-RN endorsement.

Mr. Julian stated that The TNCC does not include prehospital care aspect so they are not looking at that as being equivalent prehospital trauma training.

Mr. Fitzhugh added that there was some misinformation stated at the last meeting. Someone had mentioned that you have to have PHTLS as a prerequisite to taking the TNATC and that is not necessarily true. The big difference between the (2) is that the TNATC is sponsored by ASTNA (Air and Surface Transport Nurses Association) and they have changed it from being TNATC to TPATC to being a provider course and not a nursing course. As a CAMTS requirement they are required to have a advanced pathophysiology lecture and TPATC does includes that where as PHTLS only includes that when your medical director was involved in the education. With changing it to a provider course it allows both the medic and the nurse to have their certification and meet the requirements for CAMTS.

Ms. Miller referred to the table in the TNATC course curriculum and stated that this table clearly shows the differences between the ITLS, PHTLS and TNATC. It shows that TNATC is actually more advanced than PHTLS.

Mr. Julian stated that they have agreed that these courses would meet the requirements. It would be an option for the air ambulance companies because all we technically require is PHTLS or the ITLS.

Member Cox made a motion that the TNATC/TPATC course be accepted as an equivalent to PHTLS. Member Miller seconded and carried unanimously.

Mr. Cox questioned the comment made in Information Items at the last meeting with regard to EMS Paramedic instructors being allowed to do portions of the EMS-RN field internship and evaluate them. Mr. Julian stated it was a public comment and not an actionable item.

B. Discussion of an Educational Approach to Increase Understanding of the Termination of Resuscitation Protocol

Chairman Simone reported that the Drug/Device/Protocol (DDP) Committee reviewed the Termination of Resuscitation Protocol to determine why this protocol is underused and the crews are transporting non-viable patients. The DDP Committee felt that instead of changing the protocol they need to have more of an emphasis on education for the crews and the public. He added that he spoke to Jill Bernacki who is with the Trauma Intervention Program (TIP) of Southern Nevada and she is willing to do some foot work concerning helping the crews handle the families during these emotionally charged situations. Chairman Simone asked the Committee if they think this would be worthwhile to pursue and if so in what format.

Ms. Britt questioned if the agencies had any discussion with their crews regarding this protocol when they did the new protocol rollout.

Mr. Calabrese stated that it wasn't included in their protocol rollout but had discussions individually with the crews at the stations. He reported that in the last 2 weeks Clark County Fire used this protocol 8 times and felt they are slowly seeing an uptake in the crews using it on scene. He believes one of the reasons is because of the memo of support limiting the use of emergency lights and siren (ELS) during transport of cardiac arrest patients without ROSC. Most of the crews are documenting the name of the physician they spoke to and that has been helpful. Initially some of the crews were concerned that the physicians would refuse but that wasn't the case. The biggest feedback from most of the crews was they would like to see something from a public education standpoint.

Mr. Cox stated that this is not a new protocol and there were no major changes so other than encouraging the crews to use this protocol, it was not included in the rollout. He felt it was reassuring to hear that County has deployed the protocol several times with the order from the physician since this has not been the case in the past.

Ms. Britt stated that they have touched on a couple different things that came up during the initial conversation. 1: There is a perception that the physician will not tell them to terminate resuscitation so the crews weren't calling. 2: Do the crews understand the protocol and do they have the comfort level to make that notification to the family. From the Health Districts prospective, that should be the initial focus of the education.

The Committee agreed that it would be worthwhile to pursue this education.

Ms. Britt reiterated that the plan will be to work with Jill Bernacki to come up with a curriculum that the Committee would then review to see whether or not they agree with the content and then make a recommendation to the MAB that this be adopted.

Chairman Simone asked for a motion to pursue a curriculum with the help of Jill Bernacki to be reviewed by the Education Committee. *Motion made by Member Corrales; seconded by Member Fitzhugh and carried unanimously.*

C. Update on Field Training Officer (FTO) Project

Chairman Simone updated the Committee on the FTO project and stated that there were no issues with the grading system or the prompt system. He noted that the biggest issue seemed to be with the amount of paperwork.

Mr. Corrales stated that the major discussion point with regard to the amount of paperwork was they were going from a 3 point scale to a 5 point scale which requires more documentation. The process in itself has become lengthy but it still hits the fact that they can make those solid decisions. The key pieces that they are waiting for is to be able to break this out to the preceptors and the video piece.

After considerable discussion the Committee decided it was time for the agencies to evaluate the process.

Chairman Simone questioned which agencies have students ready to be precepted. Ms. Green stated that she just released 22 paramedic students.

Mr. Johnson stated that between MedicWest and AMR they have 18 students to precept. Ms. Selitzsky added that they have 3 paramedic students.

Chairman Simone stated that he will get with the agencies offline to make sure they have the entire product.

Mr. Cox requested this process be done formally. He suggested that a small group meet regularly so they can discuss the progress of these field evaluations. He added that it might be beneficial to get the preceptors together as well so they are getting the same message for the evaluation process. Ms. Selitzky agreed adding that if they are going to put this altogether inter agency and get the preceptors together, let's get them all contact information so they can bounce questions off of each other.

Chairman Simone stated that he will volunteer to be the lead just from the educational component. Once they have plenty of data he will bring it back to this Committee.

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 Simone 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, a motion to adjourn was made by Member Cox; seconded by Member Corrales. Chairman Simone adjourned the meeting at 10:06 a.m.