



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

May 12, 2015 – 10:00 A.M.

MEMBERS PRESENT

Frank Simone, Chairman, NLVFD
Chief Chuck Gebhart, Boulder City Fire
Steve Johnson, MedicWest Ambulance
Brandie Green, CSN
Ryan Bezemer, Community Ambulance

Mark Calabrese, CCFD (Alt)
Eric Dievendorf, AMR (Alt)
Derek Cox, LVFR
Syd Selitzky, Henderson Fire (Alt.)

MEMBERS ABSENT

Chief Scott Vivier, HFD
August Corrales, JTM
Don Abshier, CCFD

Steven Carter, AMR
Donna Miller, RN, Life Guard Int'l
Chad Fitzhugh, Mercy Air

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Judy Tabat, Recording Secretary

Gerry Julian, EMS Field Representative

PUBLIC ATTENDANCE

Jim McAllister, LVMS
M. Monica Manig, HFD

David Slattery, MD, LVFR

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in Conference Room 2 at The Southern Nevada Health District on Tuesday, May 12, 2015. Chairman Frank Simone called the meeting to order at 10:03 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, March 26, 2015.

Chairman Simone asked for a motion to approve the minutes of the March 26, 2015 Education Committee meeting. Motion made by Member Dievendorf, seconded by Member Green and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Psychiatric Patient Destination Training

Tabled

B. Discussion of Cervical Stabilization Training Video

Chairman Simone reported that Dr. Bledsoe and Scott Diel produced the cervical stabilization video which is approximately 20 minutes long and asked the Committee for their comments.

Mr. Calabrese stated that the crews have already trained on the Cervical Stabilization Protocol and questioned if this video was meant to be supplemental training. Chairman Simone stated that this video is just informational and not mandatory.

Dr. Slattery felt that the video was well done but added that they need to be careful on how things are said in the video because they come across as definitive when they are not. He commented that most of his concerns were related to parts of the protocol that he wasn't comfortable with and that some of the video scenarios modeled steps in the wrong sequence.

Dr. Young stated that it seemed easy for the producers to make changes to the video that he requested previously. He suggested that if you know the minute/second time stamp of the video where your concerns were they can discuss it as a group and if there is consensus to make that change he will submit it to them.

After considerable discussion, the Committee made the following recommendations:

- 10:09 Nexus criteria should be assessed before having the patient exit the vehicle.
- 10:23 no assessment of mental status or thoracic and lumbar injuries.
- 11:30 Remove reference to NASCAR in special situations.
- 12:32 / 15:16 Nexus criteria should be assessed before range of motion.
- 13:31 / 16:02 Sizing of the collar should be emphasized before putting the collar on the patient.
- 17:32 Assess the patient before taking them off the board Add an overlay with text to say "make sure you complete a full assessment before you take the patient off the board"
- 19:07 supine transfer with no one supporting the cervical spine – need to adhere to spinal precautions during transfer of care
- Add a statement at the beginning of the vignettes to precursor the fact that they are going to show examples and this is not all inclusive.

Dr. Slattery voiced his concern that the video and protocol do not address the thoracic and lumbar injuries adding that it is all focused on cervical spine injuries. With isolated cervical spine pain, semi fowler or fowler positions to transfer the patient is fine but questioned the patients with thoracal lumbar injures adding that it is not addressed in the protocol.

Chairman Simone suggested adding text to suggest utilizing other devices and additional assistance to ensure the needs of transfer.

Dr. Slattery stated that the overall message should be to follow spinal precautions during transfer of care.

Chief Gebhart questioned if the medics are doing range of motion out in the field since it is not currently part of the education. Ms. Green stated that she would look it up in the PHTLS course to see how it is taught.

Dr. Slattery stated that he would never perform range of motion on a patient before he asked them if they had numbness or tingling of the arms or legs. It is important to get that nexus criteria first and then the range of motion is fine. He added that the range of motion is in the Canadian C-Spine Rule.

Chairman Simone stated that for the sake of time have Dr. Young submit those changes made that pertain to the sequencing. He then asked Ms. Green to look under PHTLS with regard to the range of motion and stated that if it is not taught in PHTLS they can remove that component.

Mr. Cox voiced concern on how long this has taken and questioned if they have any sentinel events.

Dr. Young stated that he wanted the video released as a companion to the revised protocol. The product that was originally received was way more than what was needed. He added that this is a process and they don't want to put something out there that is going to mislead the crews.

Chairman Simone stated that the primary audience for the video is going to be the definitive care facilities along with some crews who want additional information.

Dr. Young stated that the protocols have been rolled out, the crews have been educated and they know what they are doing but when they transport a patient to the hospital, they get berated for not having the patient on a backboard. If the crews are the only one's up to speed on cervical stabilization this won't work. A few bad verbal berating upon their arrival and the medics are going to start putting those patients back on boards again. Part of this education in addition to the crews was to the hospitals.

Chairman Simone stated that the only problem left is the range of motion. He suggested that because of the confusion they should remove that component.

Dr. Young stated that before it gets removed he would like to see if it is in PHTLS. If there are curricula out there that is teaching range of motion then the crews need to be up to speed on that.

Dr. Slattery asked whether the informational video needs to be endorsed by both the Education and Medical Advisory Board (MAB) committees. Dr. Young stated that he wanted the video endorsed by the MAB to make sure everybody is in agreement. He will send the edits to Scott Diel, and the Education Committee can view it offline and provide additional comments and feedback. Mr. Cox suggested they finalize the video and have it approved by the Education Committee prior to taking it to the MAB. Dr. Young replied that in the interest of saving time, he would like to have it reviewed offline as stated previously. When everyone is in agreement, the edited video can be sent to both the Education Committee and the Medical Advisory Board for final endorsement.

Chairman Simone asked for a motion to approve the proposed revisions to the video. Dr. Young will then send the video out to the Education Committee for their review and comment. After all further revisions have been made, the video will be sent back to the Education Committee and then the Medical Advisory Board for final endorsement. Motion made by Member Gebhart, seconded by Member Green, and carried unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Mr. Cox informed the Committee that there has been a grass root effort to establish a stroke registry in Nevada. The bill has passed the House and the Assembly and is now on the Governor's desk to be signed. He added that they should see some good stroke data coming out of this in the next year or two to help modify stroke destination, treatments and EMS protocols based on evidence within the state.

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, Chairman Simone called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn at 11:12 a.m.