

MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
APRIL 4, 2001--6:00 P.M.

MEMBERS PRESENT

Jeff Davidson, M.D.,
Terri Tarbett
Paul Fischer, M.D.
Deputy Chief Steve Hanson
Virginia DeLeon, R.N.
David Daitch, D.O.
Karen Laauwe, M.D.
David Slattery, M.D.
Allen Marino, M.D.
Donald Kwalick, M.D.

Chairman. Steve Kramer
Division Chief Randy Howell
Deputy Chief Ken Riddle
Nicholas Han, M.D.
E. P. Homansky, M.D.
Richard Henderson, M.D.
Brian Lungo, M.D.
Jeff Greenlee, D.O.
Michael Walsh, FAB Rep.
John Fildes, M.D.

MEMBERS ABSENT

Philis Beilfuss, R.N.

Donald Reisch, M.D.

CCHD STAFF PRESENT

Jane Shunney, R.N.
Mary Ellen Britt, R.N.
Jean Folk, Recording Secretary

LaRue Scull
Jennifer Carter
Kelly Quinn

PUBLIC ATTENDANCE

NAME

Gail Taylor, R.N.
David Watson, M.D.
Richard Hardman
P. Scott Meecham
Aaron Harvey
Pete Carlo
Mary Levy, R.N.
J. D. McCourt, M.D.
D. Carrison, D.O.
Brian Rogers
Joelle Babula
Batt. Chief Henry Clinton

ASSOCIATED WITH

Lake Mead Hospital
Sunrise Emergency
Clark County Fire Dept.
Clark County Fire Dept.
Henderson Fire Dept.
Southwest Ambulance
UMC
SMS/Air REACT
UMC
Southwest Ambulance
Las Vegas Review Journal
Las Vegas Fire Dept.

PUBLIC ATTENDANCE (cont.)

<u>NAME</u>	<u>ASSOCIATED WITH</u>
Jon Kingma	Boulder City Fire Dept.
Ed Matteson	Clark County Fire Dept.
Derek M. Cox	AMR
Sue Hoppler	Desert Springs Hospital
Alice Conroy, R.N.	Sunrise Hospital
Pam Turner, R.N.	Valley Hospital
Margaret Williams	Mountain View Hospital
Bruce Evans	Henderson Fire Dept.
Don Hales	AMR
Joseph Calise, R.N.	Summerlin Hospital
John Wilson	Southwest Ambulance
Julie Walters	AMR
Todd Jaynes	MFR
Kathy Kopka, R.N.	Sunrise Hospital
Mike Griffiths, R.N.	AirLife
Ion Smith	AirLife
Ben Bobrow, M.D.	UMC
Brian Donahue	FFL

CALL TO ORDER-NOTICE OF POSTING OF AGENDA

The EMS Medical Advisory Board convened on Wednesday, April 4, 2001 in the Clemens Room at the Otto H. Ravenholt, M.D. Public Health Center. Chairman Jeff Davidson, M.D. called the meeting to order at 6:03 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Davidson noted that a quorum was present.

I. CONSENT AGENDA

A motion for Board approval of the Consent Agenda was made, seconded and unanimously carried.

- A. Minutes Medical Advisory Board Meeting March 7, 2001**
- B. Referral to Priority Dispatch Committee: Review of New Protocols**
- C. Referral to Education Committee: Review of Draft District Procedures for EMT-Basic/Intermediate/Paramedic Recertification**
- D. Referral to Drug Committee: Proposed Revisions to Morphine Protocol**

II. REPORT/DISCUSSION/POSSIBLE ACTION

- A. Divert Task Force Update**
EMS Procedure for Emergency Department Closure

Dr. Davidson reported that the Divert Task Force met earlier that evening. He explained there was discussion only at the prior meeting held on March 20, 2001, due to lack of quorum.

It was proposed the new Operations Protocol be renamed "EMS Procedure for Emergency Department Closure". Dr. Davidson reviewed the protocol and indicated that changes were made to the "Definition" and "Exceptions". He explained the term "divert" had been omitted throughout the new protocol. The following revisions were made:

1. The Definition was changed to read, "Hospitals on Emergency Department Closure cannot accept patients into their E.D. by EMS as defined and approved by the FAB's criteria on January 3, 2001".
2. The entire Divert Category section was deleted.

The Procedure section was revised to read as follows:

1. Hospital E.D.'s will request closure status to a central dispatch, currently the FAO.
2. Hospital E.D.'s will have a one hour interval of closed status unless no other E.D.'s in their region request closure, in which case, they may request an additional hour.
3. If more than one E.D. requests an interval of closed status within a region, then the next waiting facility, based on time of contact to central dispatch, will be assigned an hour of closed status.

Dr. Davidson stated the Facilities Advisory Board met and defined closure based on the following four criteria:

1. All acute monitored beds are occupied and staffed;
2. Extensive delays (defined as exceeding 30 minutes) by emergent patients awaiting placement on ambulance stretchers;
3. Critical care areas and medical surgical units have been triaged and there is no available space; and
4. All personnel and physical resources have been exhausted.

Dr. Davidson explained a facility should meet the four criteria before reporting closure. He explained when a facility is on closure, no patients will be delivered to the E.D. by EMS or any other route. This means by air, ground, from a specific clinic or doctor, or from any outlying area. The closure is to allow the facility one hour to reorganize.

There was some discussion regarding whether the four criteria should be included in the protocol. Dr. Slattery stated part of the motion agreed upon by the Divert Task Force was that the four criteria be listed on the protocol. Ken Riddle stated the decision to close is made by the hospitals. The protocols are for the Paramedics, and they are not concerned with the reason a facility is closed. Dr. Carrison proposed a notation be added at the bottom of the protocol listing the four criteria to eliminate any misunderstanding. Ken Riddle suggested adding, "as defined by the FAB's criteria" to the Definition. A motion was made for the Definition on the EMS Procedure for Emergency Department Closure to read as follows, "Hospitals on

Emergency Department closure cannot accept patients into their E.D. by EMS as defined and approved by the FAB's criteria on January 3, 2001." The motion was seconded and unanimously carried.

Dr. Slattery reported that monitors have been selected which will look at the impact on EMS and hospital systems, and will also address patient destination satisfaction. He explained it will be a two-stage process. First, past and present data will be collected and a study will be conducted for comparison analysis. Second, once a system is implemented, a monthly report done in graphical form will be given to the Divert Task Force, Medical Advisory Board and Facilities Advisory Board. He remarked, as the system evolves and improved data collection systems are implemented we will be better equipped to make an evaluation.

Dr. Slattery described the scenario where one of the two St. Rose campuses are both at capacity in Region C. If the patient is a trauma or burn patient they will be transported to University Medical Center. If a patient requests a specific hospital they will be transported to that hospital, regardless of which region the hospital is in, providing the hospital is open. If the hospital chosen by the patient is closed, the provider will give them the option of going to any other open hospital.

Dr. Davidson stated Mike Myers and Randy Howell have been researching prospective communications systems. He explained the system would need to be accepted by the Facilities Advisory Board. There was some discussion regarding implementing new monitor screens within the current system. A motion was made to implement the new monitor screens beginning April 25, 2001 at 8:00 a.m. The motion was seconded and carried with one member in opposition.

Alice Conroy stated UMC has been experiencing pager problems. Dr. Davidson suggested Don Hales at AMR and Brian Rogers at Southwest Ambulance meet with the appropriate personnel at the hospital E.D.'s to ensure the system is functional.

B. Education Committee Update

Paramedic Field Performance Major Evaluation

Dr. Laauwe reported the Education Committee reviewed the revised Clark County Paramedic Field Performance Major Evaluation form. The form was changed to reflect a 3-rating versus a 5-rating criteria system, making it easier for the preceptors. The Rating Criteria was changed to read as follows:

1. Frequently fails to perform procedure in a competent manner.
2. Inconsistent in performing procedures in a competent manner.
3. Consistently performs procedure in a competent manner.

It was agreed to change "N/A" to read as follows: "Not applicable. Intern did not perform skill. (These shall be evaluated in a drill situation and score applied prior to completion of the final evaluation.)"

Dr. Lungo recommended that assessment of peripheral pulses be added to the vital signs section (number 8) on page one. He was advised the items listed were simply examples and not intended to be all-inclusive. He still felt it was important to list peripheral pulses since assessment of peripheral pulses, particularly in pediatric patients, is frequently not documented.

It was suggested that a title be put at the top of the daily evaluation form. A motion was made, on behalf of the Education Committee for Medical Advisory Board endorsement of the revised draft Clark County Paramedic Field Performance Daily & Major Evaluation forms. The motion was seconded and unanimously carried.

C. Drug/Equipment Committee Update

Official Ambulance and Firefighting Agency Inventory

A recommendation was made to add a pediatric transtracheal catheter to the Official Ambulance and Firefighting Agency Inventory as an optional item. The Needle Cricothyrotomy protocol has been changed to allow this procedure to be done on children. Following discussion, a motion was made to add the word "kit" after both adult transtracheal catheter and pediatric transtracheal catheter and to remove the word "optional" after pediatric transtracheal catheter. The motion was seconded and unanimously carried.

Calcium Chloride Protocol

A motion was made to change the adult dose to read, "10 ml (1.0 gram) of 10% solution", to add, "(0.2ml/kg of 10% solution) to the pediatric dose and to change the physician's order to "No" for suspected hyperkalemia. The motion was seconded and unanimously carried.

Etomidate Protocol

Dr. David Watson reported that Etomidate is a safer drug and is used in general in ER's, helicopter transport services and throughout the United States. There are less complications and some studies state it's as good as succinylcholine. The following changes were made:

1. Under Indications, after "adult", "(age > 10 years)";
2. Specify the ml/kg dose to a maximum dose of 10cc;
3. Under Contraindications, delete "Hypotension (systolic < 80)" and replace with "Clinical signs of shock".

Dr. Slattery stated there will be a monitoring period and similar comparison study as done with Versed. The Education Committee will review the educational piece before Etomidate is implemented. A motion was made to approve the draft Etomidate protocol with the above revisions. The motion was seconded and unanimously carried.

D. Facilities Advisory Board March 20, 2001 Meeting

Mike Walsh stated he had nothing new to bring forward to this committee. He recommended that documentation for the EMS Procedure for Emergency Department Closure be distributed within five to seven days.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. E.D. Nurse Managers Meeting

Virginia DeLeon gave her report of the meeting held at Las Vegas Mental Health Center on March 23, 2001. She stated the operations protocol was discussed, along with a presentation of EMSsystem given by Mike Myers.

B. Biennial Review of Protocols

Dr. Slattery stated the protocols will be reviewed by the combined Drug/Education/Equipment Committee every six months, not quarterly, as announced previously.

C. EMSsystem Update

Mike Myers stated the EMSsystem will be demonstrated at the Orleans, Tuesday, April 10th at 10 a.m. He explained EMSsystem is a web-based, real-time hospital emergency department diversion and mass casualty incident reporting system. Mr. Myers stated the U.S. Public Health Service has awarded Las Vegas Fire & Rescue with a \$600,000 grant to put together a metropolitan medical response system with emphasis on hospital and public health, and to deal with weapons of mass destruction.

D. Hospital Divert Statistics

The hospital divert statistics were not available.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

A flyer was distributed regarding Weapons of Mass Destruction Equipment and Training conducted by Richard Brenner. An RSVP is needed before May 1st. Equipment will be supplied to the hospital representative attending the training. Jane Shunney stated the equipment has been funded through LEPC grants. Training on three pieces of equipment will be presented, but you must go through the training in order to get the equipment.

V. ADJOURNMENT

As there was no further business, Dr. Davidson called for a motion to adjourn. A motion was made, seconded and unanimously carried to adjourn the meeting at 6:58 p.m.