MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
DECEMBER 5, 2001 – 6:00P.M.

MEMBERS PRESENT

Allen Marino, M.D.
Bryan Lungo, M.D.
David E. Slattery, M.D.
David Watson, M.D.
Deputy Chief Kenneth Riddle
Donald Kwalick, M.D.
Donald Reisch, M.D.
E. P. Homansky, M.D.
Jeff Davidson, M.D., Chairman
Jeff Greenlee, D.O.
Jon Kingma
Karen Laauwe, M.D.
Michael Zbiegien, M.D.
Nicolas Han, M.D.
Pam Turner, R.N.
Pete Carlo
Philis Beilfuss, R.N.
Randy Howell
Richard Henderson, M.D.
Steve Hanson
Steve Peterson
Todd Jaynes

MEMBERS ABSENT

David Daitch, D.O.
Dennis Lemon, D.O.
John J. Fildes, M.D.

CCHD STAFF PRESENT

Joe Heck, D.O.
Jane Shunney
LaRue Scull
Mary Ellen Britt
Kelly Quinn
Jennifer Carter – Recording Secretary

PUBLIC ATTENDANCE

Anthony Jennings, D.O. – CCT/UMC
Brent Hall - CCFD
Carl Nelson - CCFD
Derek Cox - AMR
Ed Matteson - CCFD
Helen Vos - Mountain View
John Wilson - SW
Mary Levy - UMC
Missy Greenlee - Mercy Air
Nancy Cassell - CCSN
Nancy Harland - Sunrise Children's Hospital
Patti Glavan - Boulder City Hospital
Richard Hardman - CCFD
Tom Geraci, D.O. – St. Rose

ANNOUNCEMENTS

LaRue Scull stated Richard Hardman has requested to leave the CCFD Training Center and return to full paramedic duty and therefore will not be as visible at CCHD committee meetings. On behalf of the EMS office and the Medical Advisory Board, Richard was presented with a certificate of appreciation, which read "Presented to Richard Hardman this 5th day of December 2001 in grateful recognition of outstanding dedicated service faithfully rendered to the Clark County EMS Program". It was signed by Jane Shunney, R.N., EMS Program Manager.

LaRue also reported Chief Riddle would no longer be serving on the Medical Advisory Board. He will be working with Fire Prevention as the Las Vegas Fire and Rescue Fire Marshall. In recognition of his services to the MAB, Chief Riddle was presented with a wall unit that had three gauges to measure temperature, humidity, and barometric pressure. The inscription read "Ken Riddle, Deputy Chief, Las Vegas Fire & Rescue. In appreciation for your assistance in developing the EMS system. Member Clark County Health District Medical Advisory Board 1986 – 2001".

CALL TO ORDER-NOTICE OF POSTING OF AGENDA

The EMS Medical Advisory Board convened at 6:00 p.m., on Wednesday, December 5, 2001 in the Clemens Room at the Ravenholt Public Health Center. Chairman Jeff Davidson, M.D, called the meeting to order 6:00PM. He stated the Affidavit of Posting, Mailing of Agenda, and public notice of the meeting agenda were executed 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 following items on the Consent Agenda was made, seconded, and passed unanimously.

A. Minutes Medical Advisory Board Meeting November 7, 2001.

B. Approval of EMS Procedure Manual

C. Approval for Alternative Long Board

II. REPORT/ DISCUSSION/POSSIBLE ACTION:

A. Drug Committee

Discussion of Amiodarone

Dr. Marino stated there were two issues discussed by the Drug Committee. The first was the discussion of Amiodarone, which was a procedural issue. The Drug Committee discussed the use of Amiodarone in our system and the ALIVE (**A**miodarone versus **L**idocaine **I**n Prehospital Refractory **V**entricular Fibrillation **E**valuation) data was presented. A recommendation was made to withhold any further consideration of the issue until the ALIVE data was more thoroughly reviewed and published or until there were other studies available. At present the committee does not recommend changing the use of Amiodarone in our system. It will be removed from the Drug Committee agenda until additional information is available.

Discussion of Elimination of Valium

Dr. Marino stated that Dr. Kwalick has decided he would like to discontinue the use of Versed for seizures and to use Valium only. The Drug Committee discussed whether or not to make a recommendation to discontinue using Versed, but it was decided to continue its use as it has already been adopted to be used for general sedation and post-intubation sedation. The Drug

Committee recommends that both benzodiazepines (Valium and Versed) be kept on the inventory.

Dr. Davidson clarified the Drug Committee recommended the continued use of both benzodiazepines, with Versed being used predominantly for post-intubation sedation, and Valium would be the benzodiazepine of choice for seizures. Dr. Marino explained Versed would be used for both general sedation and post-intubation sedation and Valium would be the only option for seizures. A question was raised regarding revising the Versed protocol. Dr. Marino replied the protocol would have to be revised, eliminating the indication of seizures, which would be done by the Health District.

Dr. Slattery commented this would have to be an administrative protocol, which will be released by Dr. Kwalick with regard to the use of Versed. He said the current Versed protocol includes an indication for seizures. However, he believes there is concern that the use of Versed for seizure management is an off-label use.

Dr. Heck confirmed that the off-label use of Versed for seizures is the issue. He said Versed in the treatment of seizures has not been a well-established or well-adopted treatment in pre-hospital care nationwide. There is a problem having prehospital standing orders for this protocol, thus opening up the issue for potential liability.

A question was raised as to how much time was necessary before the new Versed protocol would be implemented. It was initially suggested that a 30 – 45 day window would be sufficient time for the agencies to properly educate their paramedics. Sandy Young stated an e-mail notification could be sent out to the providers. Dr. Kwalick responded if it could be done that easily then he would like it discontinued as soon possible. The MAB recommended that an email notification be sent out Thursday, December 6, to all the agencies advising them to discontinue the use of Versed for seizures. The protocol will be revised by the next MAB meeting, February 6, 2002.

Dr. Davidson mentioned there has been a lot of discussion about Amiodarone in the hospital sector. Everyone is waiting to see what the follow-up studies are going to show regarding the cost benefit ratio of Amiodarone compared to Lidocaine. Dr. Davidson asked if the Drug Committee was planning to look at it again. Dr. Marino responded the Drug Committee plans to wait for new data from the medical community before Amiodarone is referred back to the Drug Committee. Dr. Slattery commented that it was discussed at the Drug Committee whether or not Amiodarone should be continued or should we go with Lidocaine in the interim. The Drug Committee members looked at the evidence that was available through the ALIVE trial, which was presented and submitted with the last MAB packet. This data has been presented at cardiology meetings, but has not been through the peer review process of a publication. When the Drug Committee looked at the data, it was impressive. The "number needed to treat", which means the number of patients that would benefit from Amiodarone as compared to Lidocaine, was two patients. That is very powerful data if it turns out to be true. The Drug Committee felt that based on this information, if these numbers do turn out to be true, then it is clearly the better drug for that type of patient. The decision last month was to be patient and wait for it to go through a peer review process. If this data does turn out to be as good as it looks on first glance then it will be brought back to the Drug Committee and a decision will be made at that point. Dr. Davidson clarified that the protocol will stay as currently written and then will be reviewed when the new data has been peer reviewed.

B. Reorganization of MAB Committees

Dr. Heck stated the EMS office looked at options for streamlining the process of deciding which committee is responsible for a given project so things could be accomplished in a more expeditious manner and the committees could actually concentrate on the issues that are assigned to them. He recalled one case in point was the recent editing of the procedure manual, which inappropriately went to the Education Committee for approval. The manual had no educational component to it. He referred to the handout in the packets, which had a template for reorganization of the MAB standing committees. He said they would include a Drug and Device Committee, combining the current Drug and Equipment Committees into one committee to look at additions and deletions of any drug or device in the EMS system. The second committee would be a combined Protocol and Procedure Committee that would look at developing the protocols and procedures for EMS operations in the system. The Education Committee would remain as it is with an emphasis on educational issues such as developing educational programs for the new protocols, procedures, and equipment. They will also look at the educational programs that go on within our system, both continuing education and initial training programs. He further explained, as has been the custom, the chairman of the MAB would appoint the committee chairman, and the committee chairman would look for interested parties to participate on that committee. Much of the process would remain the same. The Divert Task Force and the Airway Management Committee, which are actually ad hoc committees, would become task forces. Task forces would be charged to look at a particular issue and would do everything related to that one issue. For instance, if there were a new device, protocol, or educational component related to airway, the Airway Task Force would address all of those issues. Once that project was completed the task force would be disbanded. In this way, different components would not be moved around through different committees. The process would be streamlined and things would get done more efficiently. This recommendation will be reviewed at the beginning of the year after the MAB Chairman has had an opportunity to look at who he wants to act as chairman of the individual committees.

Dr. Davidson said he and Jane discussed this reorganization plan last week and he supports it. He requested input from the MAB members. Chief Hanson commented that he thought it looked good and that it lays it out so everybody knows where things are going to end up. Randy Howell asked if the QA Committee should be added as a MAB committee. Dr. Heck responded, as it is now in the Regulations, the QA Committee is not a committee of the MAB, it's a freestanding committee that reports to the Chief Health Officer. Randy Howell commented that it seems like there should be a monthly report of the QA activities to the MAB. He said he thinks a lot of the information that is gathered in that committee could be used in decision-making at the MAB. Dr. Heck responded that QA could be listed as an informational item on the MAB agenda and activities can be reported to the MAB. Dr. Slattery commented that as the chairman of the QA Committee he suggests that the QA Committee be a committee of the MAB. He further stated that every project the MAB approves, every new medication or device, is referred to the QA Committee to monitor the use of that drug or device in our system. Currently there are about 5 or 6 projects underway.

Dr. Heck responded the pertinent Regulations would have to be reviewed to see what could be done to implement that change. He said he would get that information by the next MAB and report the status at that time. Dr. Slattery asked if the specific committees are listed in the Regulations. Dr. Heck responded, the MAB committees are not specified, but the QA Committee

is identified in the Regulations. There is a reference to the QA Directors participating in a monthly QA Committee meeting at the Health District.

A motion to accept the proposed reorganization of the MAB committees as stated was made, seconded, and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. QA Committee Report on Centralized Data Collection Plan

Dr. Slattery commented that during the last couple of months the QA Committee has been discussing the need for data. A lot of the information needed to make informed decisions requires valid data. The EMS providers on the QA Committee have suggested looking at a centralized data collection process, where all data comes into a central repository and it can be analyzed for a variety of QA purposes. The QA Committee will continue to investigate how to implement this type of process.

B. Nurse Managers Report

There was not a nurse managers meeting held since the last report.

C. ED Divert Statistics

Dr. Davidson stated that the statistics were in the packets for review. He commented he thinks the EMS transport agencies are happier with the current system. According to the report, most emergency departments are staying open the majority of the hours each month.

D. Cancellation of January Meeting

It was agreed upon by the Board members to cancel the January MAB meeting. The next MAB meeting will be held February 6, 2002.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Burliner, Medical Director of Health Insight, passed out packets developed by Nevadans for Antibiotic Awareness. He stated that this is a coalition started in Nevada headed by the Clark County Health District, Health Insight, State Health Department, HMO's, and hospitals. He referred to the packet created by Donna Riddle, epidemiologist with the Health District. He went on to explain that Dr. Fleming discovered Penicillin in 1928, but it wasn't commercially feasible to manufacture it until WWII. By 1944 it was being widely used in the battlefields of WWII at a dose of 5000 units. By 1945, resistance to the dose developed and by the end of the war they were using about 25,000 units, which is still a far cry from the 2 ½ to 4 million units used now. He referred to the graphs, which showed decreasing susceptibility of certain organisms to the various antibiotics. He said this has become a real problem and it just so happens that the Anthrax scare has compounded the issue of everyone demanding antibiotics. An advertising campaign was started about a month ago. The packet was mailed to every ED physician, family practitioner, pediatrician and internist in Nevada. It's recommended that the physicians put the posters up in their offices so that patients realize that antibiotics can do harm if used inappropriately. There is a study being done in Utah in large families which has shown if a child in a family gets an antibiotic and they culture the whole family a month later, 90% of the siblings have the resistant organism, as well as the patient that was treated. So the resistant organism can be passed to family members. Clinical guidelines from the CDC are included in the packets and also some algorithms for the use of antibiotics. Probably, the most important piece of paper in the packet is the one that shows a regulation in Nevada that if a child is sent home from a pre-school they have to have documentation from a physician that the patient received antibiotics for a sore throat, earache, bronchitis, or whatever. This form that has been developed states that the child does have that problem,

but does not need antibiotics and is okay to go back to the pre-school. There is a large advertising campaign going on. It's going to be in print media, on television and on radio featuring Max the resistant bug. Dr. Burliner handed out posters to be placed in all the emergency departments. He concluded by reporting that there was a study done in California, using Kaiser patients where they educated no one in one cohort regarding antiobiotic use; they educated just the physicians in the second cohort, and they educated the physicians and the patients in the third cohort. In the first two cohorts there was no change in the use of antibiotics. In the third cohort, where they educated the patient and the physicians, there was a 40% decrease in antibiotic use. So the patients are really the primary targets. Physicians know when antibiotic use is appropriate, the coalition trying to help them say no to their patients when an antibiotic is requested, but not indicated.

Dr. Burliner was asked what the timeframe was on educating the patients, to see a 40% drop. He responded it was about a six-month period of advertising, which is what is being done in Nevada now. The funding may continue to extend the campaign because all of this is being done through donations from hospitals, HMO's, pharmaceutical companies, etc. Someone may ask why would pharmaceutical companies do something that would decrease the sale of their drugs? He explained if they have a drug that is no longer effective after three years, they are better off having a drug that will last 10-15 years by decreasing the over use of the drug.

V. ADJOURNMENT

As there was no further business, Dr. Davidson called for a motion to adjourn. A motion was made, seconded, and passed unanimously to adjourn the meeting at 6:40 p.m.