

**MINUTES  
EMERGENCY MEDICAL SERVICES  
MEDICAL ADVISORY BOARD MEETING  
FEBRUARY 1, 2006 – 11:00A.M.**

**MEMBERS PRESENT**

Richard Henderson, M.D., Chairman, Henderson Fire	Rory Chetelat, M.A., EMT-P, EMS Manager, CCHD
Philis Beilfuss, R.N., North Las Vegas Fire Dept	Kurt Williams, American Medical Response
E. P. Homansky, M.D., American Medical Response	Russ Cameron, EMT-P, Clark County Fire Department
Tim Crowley, EMT-P, Las Vegas Fire & Rescue (Alt.)	Brian Rogers, EMT-P, Medicwest Ambulance
Allen Marino, M.D., NLVFD and Medicwest Ambulance	Brian Fladhammer, Mercy Air Service, Inc
Lawrence Pellegrini, D.O., Las Vegas Fire & Rescue	Chief David Petersen, Mesquite Fire & Rescue
Dale Carrison, D.O., Mercy Air and Clark County Fire Dept.	Aaron Harvey, EMT-P, Henderson Fire Department (Alt.)
David Daitch, D.O., Boulder City Hospital	Thomas Geraci, D.O., Mesquite Fire & Rescue
Jon Kingma, EMT-P, Boulder City Fire Department	

**MEMBERS ABSENT**

Chief Mike Myers, Las Vegas Fire & Rescue	Randy Howell, EMT-P, Henderson Fire Department
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**CCHD STAFF PRESENT**

Joseph J. Heck, D.O., Operational Medical Dir.	Mary Ellen Britt, R.N., Quality Improvement Coordinator
Judy Tabat, Administrative Assistant	Moana Hanawahine-Yamamoto, Recording Secretary
Lawrence Sands, D.O., Dir. Of CHS	David E. Slattery, M.D., Asst. EMS Medical Director
Trish Beckwith, Field Representative	

**PUBLIC ATTENDANCE**

Dan Musgrove, Clark County/UMC	Natalie Seaber, R.N., MountainView Hospital
Jo Ellen Hannom, R.N., Clark County Fire Department	Derek Cox, EMT-P, American Medical Response
Joseph Melchiode, MountainView Hospital	Jerry Newman, Specialized Medical Services
Deb Dailey, EMT-P, Medicwest Ambulance	Don Abshier, EMT-P, Clark County Fire Department
Brent Hall, EMT-P, Clark County Fire Department	Damon Schilling, Community College of S. Nevada
Shaun Hatch, Community College of S. Nevada	Susie Kochevar, R.N., Medicwest Ambulance
Larry Johnson, EMT-P, Medicwest Ambulance	Jennifer Massey, Community College of S. Nevada
Davette Shea, R.N., Southern Hills Hospital	James Adams, Community College of S. Nevada
Sandy Young, R.N., Las Vegas Fire & Rescue	Trent Jenkins, EMT-P, Clark County Fire Department
Chief John Mike Myers, Las Vegas Fire & Rescue	Julie Siemers, R.N., Mercy Air Services Inc.
John Higley, EMT-P, Mesquite Fire & Rescue	Michael Denton, EMT-P, Clark County Fire Department
Hyrum Barlow, Community College of S. Nevada	Dominick Shannon, Community College of S. Nevada
Gerry Julian, EMT-P, Mercy Air Services, Inc.	Brendan Lawes, Community College of S. Nevada
Travis Jackson, Community College of S. Nevada	Kevin Crammer, Community College of S. Nevada
Carmi Melton, Community College of S. Nevada	Kristie McRae, Community College of S. Nevada
Jason Law, Community College of S. Nevada	Chad Oliver, Community College of S. Nevada
Ann Lynch, Sunrise Hospital	Mara Elano, Community College of S. Nevada
Geoff Pierce, Community College of S. Nevada	Justin Ratliff, Community College of S. Nevada
Sheryl Hiller, APN, WestCare	Michelle McCallum, APN, WestCare
Gail Yedinak, University Medical Center	

## **CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 11:02 a.m. on Wednesday, February 1, 2006. The meeting was called to order by Chairman Richard Henderson. He stated that the Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Chairman Henderson noted that a quorum was present.

### **I. CONSENT AGENDA**

#### Minutes Medical Advisory Board Meeting January 4, 2006

Chairman Henderson stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval. A motion for Board approval of the minutes as written was made, seconded, and carried unanimously.

### **II. REPORT/DISCUSSION/POSSIBLE ACTION**

#### Education Committee

##### 1. Discussion of Bridge Courses

Rory Chetelat explained that a task force of EMS educators will be formed to work on the bridge course that will allow current preceptors the ability to become Secondary EMS Instructors and they will also work on the bridge course that will allow Secondary EMS Instructors who have only had Fire Service Instructor I and II to become Primary EMS Instructors.

##### 2. Standardize Language for Trauma Telemetry and Reporting

Mr. Chetelat noted that recommendations on standardizing the format for telemetry on trauma patients will be given to the Regional Trauma Advisory Board (RTAB) to continue discussion.

### **III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

#### A. Quality Improvement Meeting Update

Dr. Slattery noted that the committee will continue to work on the data elements that will be used for the prehospital intubation study. The goal of the committee is to come up with a minimum data set that every agency will be able to collect and be able to answer questions about airway management.

#### B. Trauma System Development Update

Mr. Chetelat stated that the Regional Trauma Advisory Board has completed the trauma system plan and are awaiting approval from the Board of Health.

#### C. Discussion of Narcotic Resupply Process

Russ Cameron advised that the Clark County Fire Department (CCFD) implemented a new controlled substances procedure. They have purchased new clear plastic containers to hold the narcotics. The expiration dates of these drugs are visible through the front of the container and the container is sealed and numbered with pharmacy tape. The supervisors are responsible for distribution and carry four of these narcotic containers with them on shift. When a crew administers a drug to a patient, the supervisor will give them a new container and the opened container will be restocked, renumbered and sealed again.

Every unit will have a brand new sealed narcotic container, a log book and a controlled substance use form book. The log book will reflect the daily checkout of the container, any uses, any discrepancies, and/or any container exchanges that may occur. The controlled substance use form includes the incident number, the name, what drug was given, where the patient was transported to, how much they were given, and how much was wasted.

The new standard office procedure establishes clear accountability and responsibility. The training on the new procedure took about one and a half hours. Failure to comply with the procedure will result in disciplinary action.

During a container exchange, the administering paramedic will give the completed controlled substance use form to the supervisor. The next day the supervisor will bring in the form to administration to get that drug exchanged.

CCFD uses the DEA 222 form for morphine. They have prescriptions from Dr. Dale Carrison for valium and versed. The narcotics are delivered and EMS staff receives them in administration. It is logged into the administration log book and locked in the safe at the central fire station. CCFD has an agreement with Savon to trade out expired drugs. They also have a purchase order with White Cross in the event there is an emergency.

Dr. Allen Marino explained Medicwest Ambulance's controlled substances procedure. Currently, the paramedics are checking out their narcotics from a central location and have brand new double locked boxes on all of the units. They also have a script procedure that requires the hospital's acknowledgement of accepting a patient who has received narcotics. Medicwest is looking into a cabinet that will hold the narcotics in pouches. It will identify the paramedics by their handprint and will release one bag of narcotics and one key to unlock the box on their individual trucks. A log book will be in the lock box as well. When the paramedics return the narcotics at the end of the day, they will notify the shift supervisor of any use. The shift supervisor will then restock these pouches under camera supervision. The narcotic logs will be audited weekly.

D. Las Vegas Motor Speedway 2006 NASCAR Cup

Dr. Carrison stated that the Speedway is preparing for the NASCAR race in March. The race should easily have an attendance of over 140,000. Brian Rogers advised that there will be 60 certified EMS personnel at the track on the day of the cup. There will also be 4 physicians and nurses so most patients will be treated at the track. There should be very few people transported to the hospitals.

E. Information on Sunrise's Stroke Application

Mr. Chetelat noted that Sunrise is in the final stage of their application process to JCAHO for their stroke accreditation.

Dr. Carrison suggested that stroke patients be handled like trauma activations. Ann Lynch from Sunrise advised that there will be a similar procedure with receiving stroke patients.

F. Items Pending

Mr. Chetelat stated that the EMS office did not have a chance to work on the Special Purpose Permit Services and revision to MAB Regulation regarding voting options.

Mr. Chetelat presented data regarding mental health patients in the community. Currently, there are 181 mental health beds including WestCare and SNAMHS. The new hospital that will be completed in August 2006 will only add another 36 beds. The Hospital Association showed a total of 553,000 Emergency Room (ER) visits to all area hospitals within the most recent 12 month period. Within a similar 12 month period, Mr. Chetelat noted that EMS delivered approximately 142,000 or a little less than 25% of total patients.

There are 325-345 ER beds in the community. This number does fluctuate daily depending on hall beds and other options that the ERs are using. The average ER bed turns over approximately every 4.5 hours. Based on the 325 beds in the community, there is a potential to see 1,730 patients a day. Per information from Joanna Triggs at SNAMHS and from the hospitals, the average stay of mental health patients in the ERs is about 72 hours. With the bed turnover at approximately every 4.5 hours, each mental health patient in a hospital is consuming resources equivalent to 16 ER patients that could have been seen in that same amount of time. Currently, there are approximately 75 mental health patients holding in area hospitals. This means we are displacing over 1,200 potential ER patients in a 72 hour period or on any given day up to 400 ER patient visits.

EMS average transports per day to all area hospitals is approximately 390. EMS can only impact a small percentage of the total ER visits. SNAMHS is simply not going to be large enough to handle the current patient load and there is more going on than simply adding mental health beds to the system. Mr. Chetelat stated that there needs to be an additional facility to medically clear and triage mental health patients to SNAMHS and/or other treatment options.

**IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

Patricia Beckwith reminded the EMS Provider Agencies that EMS Week will be in May.

Mr. Chetelat added that the EMS office conducted its first National Registry EMT-Basic practical and written testing with MedicWest Ambulance. It was a success and the office will continue to pilot this program over the next few months with several agencies.

**V. ADJOURNMENT**

As there was no further business, Chairman Henderson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:45 a.m.