MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
AUGUST 2, 2006 – 11:00A.M.

Richard Henderson, M.D., Chairman, Henderson Fire
David Daitch, D.O., Boulder City Fire Department
Allen Marino, M.D., NLVFD and MedicWest Ambulance
Gerald Julian, EMT-P, Mercy Air Service, Inc (Alt.)
E. P. Homansky, M.D., American Medical Response
Dale Carrison, D.O., Mercy Air and Clark County Fire Dept.
Brent Hall, EMT-P, Clark County Fire Dept (Alt.)
Larry Johnson, EMT-P, MedicWest Ambulance (Alt.)
Bob Forbuss, American Medical Response (Alt.)
Chief David Petersen, Mesquite Fire & Rescue
David Slattery, M.D., Las Vegas Fire & Rescue
Philis Beilfuss, R.N., North Las Vegas Fire Dept

MEMBERS ABSENT

Jon Kingma, EMT-P, Boulder City Fire Department
Chief Mike Myers, Las Vegas Fire & Rescue
Randy Howell, EMT-P, Henderson Fire Department
Thomas Geraci, D.O., Mesquite Fire & Rescue

SNHD STAFF PRESENT

Mary Ellen Britt, R.N., Regional Trauma Coordinator
Joseph J. Heck, D.O., Operational Medical Dir
Trish Beckwith, Field Representative
J. Marc Johnson, R.N., Quality Improvement Coordinator
Moana Hanawahine-Yamamoto, Recording Secretary
Judy Tabat, Administrative Assistant

PUBLIC ATTENDANCE

Jo Ellen Hannom, R.N., Clark County Fire Department
David Nehrbass, EMT-I, American Medical Response
Davette Shea, R.N., Southern Hills
Donna Fitzpatrick, R.N., Las Vegas Fire & Rescue
Ernie Stegall, R.N., Sunrise Hospital
Joseph Melchiode, MountainView Hospital
Evelyn Lundell, University Medical Center
Jay Craddock, EMT-P, North Las Vegas Fire Dept.
Wade Sears, M.D., MountainView/Southern Hills
Dan Petcavage, R.N., University Medical Center
August Corrales, EMT-P, MedicWest Ambulance
Alissa DeVito, American Medical Response
Joe Ly, EMT-I, American Medical Response
Don Hales, MedicWest Ambulance
Linda Netski, American Medical Response
Steve Herrin, Las Vegas Fire & Rescue
Jerry Newman, Specialized Medical Services
Derek Cox, EMT-P, Las Vegas Fire & Rescue
James Adams, Community College of S. Nevada
Spencer Townsend, PA Student
John Higley, EMT-P, Mesquite Fire & Rescue
Jackie Levy, University Medical Center
Roy Carroll, American Medical Response
Denisse Newell, AHA
Gordon Hildebrant, Mercy Air Service
Sheryl Hiller, APN, WestCare
Mark Thomas, EMT-P, USAF
Ronald Tucker, EMT-P, MedicWest Ambulance
Audra Somes, R.N., Summerlin Hospital
Dee Martine, R.N., American Medical Response

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 11:05 a.m. on Wednesday, August 2, 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.

Dr. Henderson introduced David Slattery, M.D. and Bob Forbuss. Dr. Slattery is the new Medical Director for Las Vegas Fire & Rescue and Mr. Forbuss was sitting in for Kurt Williams, American Medical Response.

I. CONSENT AGENDA

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.

Minutes Medical Advisory Board Meeting June 7, 2006

A motion for Board approval of the minutes as written was made, seconded and carried unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Adoption of Medical Priority Dispatch System Version 11.2

Trish Beckwith noted there were a number of revisions between versions 11.1 and 11.2 however most of the changes were cosmetic with an effort to make them more medically correct. There were significant changes to card # 9: pre-arrival instructions for CPR and card # 24: pre-arrival instructions for high-risk childbirth protocols. Under card # 9, dispatchers advise that 400 initial compressions must be performed. There is a concern that having a lay person/family member perform 400 compressions could create an additional patient. Under card # 24, it was expanded from two to four cards and it contains nine specialized dispatcher-assisted procedures for OB situations.

Steve Herrin, Training Specialist from the Communication Center, reiterated his concern with the 400 compressions because the dispatchers are compelled to read the script. He voiced these concerns to Dr. Jeff Clawson, the original developer of the Medical Priority Dispatch System (MPDS). Dr. Clawson stated that it was beta tested at 32 or 38 sites and they were no issues. Mr. Herrin also asked how many elderly calls were received and if any additional patients were added because of the "required" 400 compressions; however, Dr. Clawson did not have that data. Mr. Herrin noted that the script does say that the 400 compressions won't take as long as it sounds, it's only about 3.5 minutes and they do suggest that if the person doing the compressions fatigues, they can take a 3-5 second break.

Dr. Allen Marino stated that you don't want Grandma to think that Grandpa died because she fatigued and couldn't do the 400 compressions. Dr. Slattery suggested that the dispatchers advise the caller to push hard and push fast and to continue CPR until medics arrive.

Dr. Joseph Heck noted that the Academy wants their product to be used as they deliver it. If the product is not used as they deliver it and there is an adverse outcome based on the pre-arrival instructions that were given, the Academy will not justify nor defend what was done because it was not their script.

Mr. Herrin noted that he would like the Board to support a request to remove the dialog boxes. The dialog boxes accompany an optional script that it not being used. It clutters up the notes of the dispatchers' calls and adds 3-4 seconds to each call. Since the script is optional, he feels the dialog boxes should be optional as well.

Dr. Dale Carrison made a motion to support the request to the Academy to remove the dialog boxes and to refer the pre-arrival instructions to the Priority Dispatch Task Force for further discussion. The motion was seconded and passed unanimously.

B. Discussion of Reducing Number of Years of Nursing Experience in EMS Regulations Sections 900.010 and 1000.000

Dr. Carrison noted that Mercy Air is experiencing a shortage of nurses with five years of experience. Most of the other flight programs in the United States require only three (3) years of experience. This concern transpired because they had a nurse with four (4) years and eight (8) months experience apply but due to the regulation requirement, she was not qualified to be hired at Mercy Air. Mercy Air may apply for a variance with the Board of Health for this individual but the agency would like the regulation to be revised. Mercy Air has an excellent training program and all EMS RNs must go through a significant period of mentorship before they are signed off by the Medical Manager and the Medical Director.

Dr. Heck noted that if the Board approves the regulation change, there is the opportunity for another agency whether CCT or aeromedical who may not have a capable training program as Mercy Air to hire people with only three (3) years of experience. He also added that it was only a year and a half ago that there was a comprehensive review of the qualifications for CCT and aeromedical nurses and all those involved in the process including the nurses agreed that five (5) years of critical care experience whether it be hospital, air or ground based was important for the process.

Dr. Heck clarified that the requirements for EMS RNs are competency based. They must be able to perform their skills and be signed off by their medical director. The work time is a minimum standard which tries to ensure that the EMS RN has the maturity to function in this environment. He suggested that if the critical care experience piece is part of the concern, the requirement be changed to five (5) years nursing experience that includes three (3) years in critical care.

Davette Shea was a flight nurse for seventeen years. She had ten (10) years of nursing experience when she started flying and she felt as if she didn't know anything. You are in an uncontrolled environment with no backup. As the nurse on-scene, you are the highest medical authority and you carry the responsibility to deliver that level of care.

Ms. Shea believed that the nurses involved in the previous discussions were seeking to provide the best care that they possibly could by developing people with a minimum of (5) years experience; however, she does feel that five (5) years of nursing experience with three (3) years in critical care is reasonable.

Donna Fitzpatrick mentioned that she has been an EMS RN for twenty years and flew with Flight for Life for eleven years. She stated how aeromedical is an entirely different world. Critical care nurses have a lot more skills to learn and have to keep patients alive much longer with more devastating injuries so she doesn't think that she would have done it with only three (3) years of experience.

Dr. Carrison made a motion to change the regulation so that the requirement is at least five (5) years of nursing experience that includes a minimum of three (3) years of critical care nursing experience. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Trauma System Development Update

Mary Ellen Britt stated that the Regional Trauma Advisory Board (RTAB) has approved procedures for the Trauma Medical Audit Committee and Trauma Overload Internal Disaster. They are also refining the data collection process and working on a more in depth analysis of the Trauma Field Triage Criteria (TFTC) data. Ms. Britt also noted that the RTAB revised the TFTC because there had been questions. In the General Patient Care protocol, Dr. Heck reordered the decision making process so that the very first item under dispositions says patients sustaining traumatic injuries shall be transported in accordance with TFTC protocol. There is a caveat that nothing contained within these guidelines precludes transport to the closest facility if in the provider's judgment an inability to adequately ventilate the patient might result in an increase in patient mortality.

The RTAB is accepting nominations for the Board until August 21, 2006. The six open seats are for the administrator from a non-trauma hospital, the private EMS agency representative, the public EMS agency representative, a Health Educator or Prevention Specialist, a member at large and a member from the payor's group. Dr. Donald Kwalick will review the nominations and make the final decision of who will be seated for this coming year.

B. Quality Improvement Meeting Update

Dr. Slattery stated that he met with the ROAM IT people to incorporate the airway tool into ROAM IT. Once the airway tool is available on ROAM IT, it will be shared with the QA committee.

C. Presentation of Spinal Immobilization Video

The Health District expressed their gratitude to Henderson Fire Department and Scott Vivier for producing the spinal immobilization video. The video was completed and distributed. It is also available on the Southern Nevada Health District EMS website.

Dr. Slattery also wanted to clarify that the spinal immobilization protocol identifies which patients need to be immobilized. It is not clearing C-spines in the field.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Audra Somes, charge nurse in the pediatric and adult Emergency Department at Summerlin Hospital, advised that Summerlin has pediatric capability 24/7 and also has in-house intensivists.

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 11:46 a.m.