MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
MEDICAL ADVISORY BOARD MEETING
NOVEMBER 1, 2006 – 11:00A.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman, Henderson Fire Dept.
Chief Randy Howell, Henderson Fire Dept.
Allen Marino, M.D., NLVFD/MedicWest Ambulance
Bob Valdez, Mercy Air Service, Inc (Alt.)
Jay Craddock, EMT-P, North Las Vegas Fire Dept.
Dale Carrison, D.O., Mercy Air/Clark County Fire Dept.
Chief Tim Crowley, Las Vegas Fire & Rescue (Alt.)
Jo Ellen Hannom, RN, Clark County Fire Dept. (Alt.)
Brian Rogers, EMT-P, MedicWest Ambulance
Roy Carroll, EMT-P, American Medical Response (Alt.)
Chief David Petersen, Mesquite Fire & Rescue
David Slattery, M.D., Las Vegas Fire & Rescue
E. P. Homansky, M.D., American Medical Response

MEMBERS ABSENT

Jon Kingma, EMT-P, Boulder City Fire Dept.
Chief Mike Myers, Las Vegas Fire & Rescue
Thomas Geraci, D.O., Mesquite Fire & Rescue
Robert Forbuss, American Medical Response
David Daitch, D.O., Boulder City Fire Dept.
Brian Fladhammer, Mercy Air Service, Inc
Chief Russ Cameron, Clark County Fire Dept.

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
Joseph J. Heck, D.O., Operational Medical Dir
Trish Beckwith, EMS Field Representative
Eddie Tajima, Administrative Assistant
Mary Ellen Britt, R.N., Regional Trauma Coordinator
J. Marc Johnson, R.N., Quality Improvement Coordinator
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Ronald Tucker, EMT-P, MedicWest Ambulance
Trent Jenkins, EMT-P, Clark County Fire Dept.
Richard Main, EMT-P, American Medical Response
Brett Olbur, EMT-P, Las Vegas Motor Speedway
Steve Patraw, EMT-P, Boundtree
Joseph Melchiode, MountainView Hospital
Kady Dabash, EMT-P, MedicWest Ambulance
Melinda Hursh, R.N., Sunrise Hospital
Jay Fisher, M.D., University Medical Center
Sandy Young, R.N., Las Vegas Fire & Rescue
Larry Johnson, EMT-P, MedicWest Ambulance
Scott Vivier, EMT-P, Henderson Fire Dept.
Tricia Klein, EMT-P, American Medical Response
Julie Siemers, R.N., Mercy Air Services, Inc.
Dan Petcavage, R.N., University Medical Center
Nancy Harpin, R.N., University Medical Center
Jackie Levy, R.N., University Medical Center
Audra Somes, R.N., Summerlin Hospital

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Conference Room at the Ravenholt Public Health Center at 11:10 a.m. on Wednesday, November 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

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. Minutes Medical Advisory Board Meeting September 6, 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 Revisions to EMS & Trauma System Regulations Section 1600.000

Rory Chetelat reported that discussion at the EMS Regulations Workshop was primarily centered on Section 1600.000, subsections II.A & B of the EMS & Trauma System Regulations. The issue was whether special purpose and air ambulance agencies should also have representation on the Medical Advisory Board. After some discussion, the board members asked that the decision regarding board membership and voting rights be left in the hands of Dr. Kwalick, Dr. Heck and Rory Chetelat, who in turn will bring the finalized verbiage to the December meeting prior to taking it to the Board of Health for approval.

Mr. Chetelat commented that there was no opposition to revisions made to subsection II.F to change the chairman position from an appointed position to an elected position. This would include the election of a vice chairman to act in the absence of the chairman, with both positions to serve for a 24-month period.

In addition, there was no opposition to revising language in subsection II.G to limit voting to members in good standing. Mr. Chetelat remarked that "good standing" will be clarified prior to taking it to the Board of Health for approval.

B. Discussion of RTAB Recommendation Regarding Documentation of Pre-Hospital Destination Decision

Dr. Heck reported that the RTAB discussed the importance of developing a better way to track trauma center transports. Currently, when an out of area transport is identified it takes approximately three weeks to recreate the incident and contact the appropriate crew to question why the patient was transported to a specific hospital. Dr. Heck suggested a proactive approach by requiring EMS crews to document all facility transports. This would make it easier to identify circumstances out of the crews' control such as weather and traffic. Dr. Marino remarked that it would be helpful if the data fields were added to ROAM IT. Dr. Heck agreed, but noted that he wants the crews to start collecting the data prior to the launching of ROAM IT. A one-word reason for destination to a specific facility will be sufficient. Mary Ellen Britt stated that in the meantime she will meet with the trauma program managers to compile a pick list of the most common reasons. Mr. Crowley commented that Las Vegas Fire & Rescue is testing the First Watch software, which may be able to accurately capture specific location and destination information automatically.

Dr. Henderson suggested that the trauma centers print out a form with a pick list and make them responsible for submitting the form to the agency instead of having the crew scribble on the bottom of the patient care report. Ms. Britt replied that the patient care report is a form that is already in place, and out of area transports are occurring in only 5% of the cases. Dr. Henderson questioned why we would require 100 people to fill out a form because five people went out of area. Dr. Heck stated that the crews should get in the habit of collecting data on all transports because there will be other specialty destinations as the system evolves.

Chief Howell stated that Henderson Fire is transitioning to ROAM IT at this time and all he can do is send a message out to the crews, so he is unable to promise compliance with the request. He remarked that their agency will not create new forms at this time, so until ROAM IT is updated compliance will be hit or miss.

Dr. Homansky noted that there is often a valid reason to transport a patient to an out of area facility, so it should not be viewed as an error on the part of the crew. He agreed with the importance of accumulating the data.

Dr. Slattery made a motion requiring all paramedics to document the reason why a patient was transported to a specific facility. The documentation can be a notation on the patient care report or in ROAM IT. The motion was seconded and passed unanimously.

C. Discussion of L2K Patient Transport Guidelines

Mr. Chetelat referred the Board to the 12-7-05 L2K Patient Transport Guidelines. He noted that it was originally drafted as a pilot program more than two years ago. He brought it back to the Board for further direction. Dr. Carrison asked whether the data shows that level loading of mental health patients has been accomplished. Dr. Heck replied that the guidelines have not achieved its stated purpose to the degree that it was anticipated. One reason is that the hospitals are notoriously inaccurate in updating the EMSystem. He conducted facility spot checks to compare actual L2K patients holding in the E.D. with the number reported in the EMSystem and did not find one instance where the two numbers matched. He added that there was a huge discrepancy between what the State was reporting and what was reported in the EMSystem, which resulted in a cutback in funding at WestCare to 25 beds. The State had more reliable data about the number of true L2K patients in the system at any given time because their data was based on the completed paperwork for these patients.

Dr. Heck stated that the situation is difficult because certain hospitals bear the brunt of L2K patients due to their geographical location. Also, EMS crews were assured reduced offload times, which didn't happen. From the standpoint of the EMS office, the protocol was a critical failure. Chief Howell agreed that it was hard for the crews to have confidence in the accuracy of the L2K patient numbers listed in the EMSystem, which resulted in contention with the E.D. staff. The paramedics were constantly asked why a L2K patient was transported to their facility.

Dr. Slattery noted that initially the guidelines were written in response to the needs of the EMS providers to take a L2K patient to the closest hospital with the lowest level of L2K patients in their E.D. He expressed a reluctance to get rid of the guidelines because if 90% of L2K patients are transported to two hospitals in the valley, that will significantly impact EMS' ability to transport any patients to those hospitals. The decision has the potential to have a huge impact on not only the hospitals, but the EMS system as a whole. Dr. Slattery suggested that we research the number of L2K patients over the past three months that were transported in relation to the level loading process, prior to making a decision.

Dr. Carrison agreed with Dr. Slattery but questioned where we would get the statistics. He remarked that it certainly was not a perfect system but it did help with regard to offload times and the number of patients that were in the ED waiting. He added that as the director of UMC's emergency department he routinely makes it a point to check the EMSystem and it distresses him to see that the hospital's L2K numbers aren't more accurate. He added that the State failed miserably in providing for an adequate mental health system for Southern Nevada and it is important that this message continue to go to the State.

Dr. Homansky noted that although the guidelines haven't worked as well as expected, there were benefits. He suggested adding verbiage that requires better documentation from the hospitals, and at the same time protects the EMS providers from being questioned on their decision making. He stated that if the guidelines can distribute L2K patients on a general basis rather than on a precise basis they can still be advantageous to the EMS system.

Dr. Heck remarked that the EMS office has always had problems with obtaining valid data from the facilities. It was felt that EMSystem would be the savior given its ability to depict real time changes, but that only works if the updates are input in real time. He feels it is unfair to the EMS providers to leave the protocol in place.

Mr. Chetelat added that when the guideline was originally written the MAB had a different agenda. The way it is currently written is too vague, and as a result unenforceable. He recommended using it as a standing guideline rather than a protocol. Dr. Marino remarked that EMS operational personnel would need to weigh in on the issue, but he agreed that it would work better as a guideline to provide more flexibility.

Nancy Harpin, a RN at UMC, stated that many pediatric patients do not have L2K documentation completed, so we may want to consider verbiage to cover that subset of patients, although some issues are addressed in the pediatric destination protocol. Dr. Carrison suggested getting a recommendation from the pediatric mental health system.

After some discussion with regards to protocol vs. guideline, and revisions to the verbiage, a motion was made to send the L2K Patient Transport Guidelines to the Procedure/Protocol Committee for further discussion. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Trauma System Development Update

Mary Ellen Britt advised that the Regional Trauma Advisory Board (RTAB) is continuing to work on the Trauma Performance Improvement Plan and regulations to identify criteria for authorization at the District level, for hospitals who are interested in becoming trauma centers, for a recommendation to be made to the State for the designation process.

B. Mercy Air's EZ-IO Device Pilot Study Update

Mr. Chetelat remarked that the MAB referred Mercy Air's pilot study for the EZ-IO device to the October 2006 Drug & Device Committee. However, all of the October meetings were cancelled and the EMS office sent out a notice asking whether there was any opposition to Mercy Air going forward with the pilot study. As there was none, the Health District gave Mercy Air permission to start the pilot study and report on its progress.

Mr. Chetelat stated that some agencies are choosing to use EMS RNs on ALS units. The EMS office reviewed the Nevada Revised Statutes (NRS) and EMS Regulations and found that EMS RNs are exempt from having to be licensed as attendants on an ALS unit. He added that he has met with two transport agencies to discuss that per NRS and EMS Regulations EMS RNs may not carry additional equipment and medications beyond what is allowed for an ALS unit. Brian Rogers asked whether a paramedic needs to be on the ALS unit with the EMS RN. Dr. Heck replied that EMS Regulations require all ALS units to be staffed by at least one paramedic.

Dr. Henderson announced San Martin Hospital is having their open house today.

Mr. Chetelat advised that he has had discussions with both AMR and MedicWest about the difficulty in getting paramedics into the system. He will be scheduling a meeting later in the month to discuss a way to facilitate the process. He clarified that per EMS Regulations, out of state paramedics coming into our system need to pass the licensure examination and successfully complete 120 hours of internship via ride-alongs with a paramedic preceptor.

Dr. Slattery stated that he found one problematic area in the Prehospital Death Determination/Termination of Resuscitation protocols and would like to discuss the issue at the December Procedure/Protocol Committee. He stated that the educational piece for patients who have had a blunt traumatic arrest needs to be clarified.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

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 11:55 a.m.