



**MINUTES  
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM  
MEDICAL ADVISORY BOARD MEETING  
MARCH 7, 2007 – 11:00A.M.**

**MEMBERS PRESENT**

Richard Henderson, M.D., Chairman, Henderson Fire Dept.	Brent Hall, EMT-P, Clark County Fire Dept. (Alt.)
Scott Vivier, EMT-P, Henderson Fire Dept. (Alt.)	Brian Rogers, EMT-P, MedicWest Ambulance
Allen Marino, M.D., MedicWest Ambulance	Robert Forbuss, American Medical Response
David Daitch, D.O., Boulder City Fire Dept	Chief David Petersen, Mesquite Fire & Rescue
Jon Kingma, EMT-P, Boulder City Fire Dept.	David Slattery, M.D., Las Vegas Fire & Rescue
Dale Carrison, D.O., Clark County Fire Department	E. P. Homansky, M.D., American Medical Response
Timothy Crowley, EMT-P, Las Vegas Fire & Rescue	Thomas Geraci, D.O., Mesquite Fire & Rescue
K. Alexander Malone, M.D., North Las Vegas Fire Dept	

**MEMBERS ABSENT**

Bruce Evans, EMT-P, North Las Vegas Fire Dept.	Chief Randy Howell, Henderson Fire Dept
Chief Russ Cameron, Clark County Fire Dept.	

**SNHD STAFF PRESENT**

Rory Chetelat, EMS Manager	Lawrence K. Sands, D.O., M.P.H, Asst. Chief Health Officer
Lan Lam, Administrative Assistant	Mary Ellen Britt, Regional Trauma Coordinator
Moana Hanawahine-Yamamoto, Recording Secretary	

**PUBLIC ATTENDANCE**

Sandy Young, R.N., Las Vegas Fire & Rescue	Davette Shea, R.N., Southern Hills Hospital
Chief Cherina Kleven, Las Vegas Fire & Rescue	Larry Johnson, EMT-P, MedicWest Ambulance
Jackie Levy, R.N., University of Medical Center	Jennifer Hall, American Medical Response
Jo Ellen Hannom, R.N., Clark County Fire Department	David Nehrbass, EMT-I, American Medical Response
Richard Main, EMT-P, American Medical Response	J.L. Netski, R.N., American Medical Response
Joseph Melchiode, MountainView Hospital	John McNeil, American Heart Association
Ronald Tucker, EMT-P, MedicWest Ambulance	Evelyn Lundell, University Medical Center
Dee Martine, American Medical Response	Ernie Stegall, R.N., Sunrise Hospital
Patty Holden, Sunrise Hospital	Mike Barnum, M.D., Nat'l Center for Technical Instruction
Tom Cook, Montevista Hospital	John Recicar, R.N., University Medical Center
Dan Petcavage, University Medical Center	Jayme Ching, University Medical Center
Roy Carroll, American Medical Response	Jason Meilleur, EMT-P, MedicWest Ambulance
Ronald Tucker, EMT-P, MedicWest Ambulance	Richard Martinez, Community College of S. Nevada
Mike Cheney, Community College of S. Nevada	Andrew Ball, Community College of S. Nevada
John Higley, EMT-P, Mesquite Fire & Rescue	Denisce Newell, American Heart Association

Virginia DeLeon, R.N., St. Rose Dominican Hospital  
Denzil Mooney, EMT-I, Boulder City Fire Dept  
Tuyst Nguyen, Touro University  
Nancy Cassell, Community College of S. Nevada  
John Wilson, MedicWest Ambulance  
Larry Blackman, American Stroke Association

James Holtz, Valley Hospital  
Wade Sears, M.D., MountainView/Southern Hills  
Mary Beth Dickinson, Community College of S. Nevada  
Nancy Harpin, R.N., University Medical Center  
Rob Phoenix, Sunrise Hospital  
Janice Aaster, R.N., Spring Valley 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 11:06 a.m. on Wednesday, March 7, 2007. 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 motion for Board approval of the following items on the Consent Agenda was made, seconded, and carried unanimously.

- A. Minutes Medical Advisory Board Meeting February 7, 2007
- B. Discussion of Addition of Nasal Narcan and Nasal Versed to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory – To be Referred to a Joint Drug/Device and Procedure/Protocol Committee
- C. Discussion of IV Access Requirement for the Administration of Nitroglycerin – To be Referred to a Joint Drug/Device and Procedure/Protocol Committee

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

- A. Follow-up Discussion of Destination Protocols

Dr. Henderson suggested giving the hospitals the option of opting out for stroke and STEMI patients; however, the hospitals would need to give at least a six to twelve month period for opting out.

Dr. Allen Marino noted that unstable STEMI patients need to be treated at the closest facility. Dr. Marino does want the paramedics handling a code in the back of an ambulance because the closest facility opted out on STEMI patients.

Rory Chetelat advised that Dr. Joseph Heck was concerned with a destination protocol for STEMI patients because the Health District does not have the resources nor the authority to require the hospitals to adhere to standards, yet to be identified. There is language being developed in the Trauma Regulations that give the hospitals the option to give a six-month notice to opt out of the trauma plan. If the Board can identify the criteria to become a destination facility and the means of oversight, the Health District would continue to review this matter.

Dr. David Slattery expressed that a hospital needs to take all patients. If the Emergency Department (ED) will continue to accept walk-in STEMI patients, then they need to accept STEMI patients that are transported by EMS as well. Dr. Henderson disagreed because not all hospitals have the resources and if the patient walks-in to the ED, the hospital will have him/her transferred to the appropriate facility.

Dr. E.P. Homansky stated that the Board is not capable of creating a certification process for a destination protocol for STEMI patients; however, it can be addressed in the future.

Dr. Homansky made a motion to not create a STEMI destination protocol. The motion was seconded and passed. Dr. Slattery opposed the motion.

Rob Phoenix from Sunrise explained the Joint Commission on Accreditation of Healthcare Organization's (JCAHO) certification process for primary stroke centers. It requires the commitment from the hospital's

administration, dedicated staff to work the stroke unit, training for the stroke staff, access to 24-hour availability of CAT scan services, neurosurgery availability and the use/development of written care protocols to move patients rapidly through the system to improve patient outcome/quality. Every year, the primary stroke center will either have a data review or an onsite inspection completed by JCAHO. Mr. Phoenix mentioned that EMS destination protocols for stroke patients are vital. It is important to get these patients to the appropriate facilities. Stroke is a treatable emergency and timing is crucial.

Mr. Chetelat asked for the number of stroke patients transported by EMS. His concern is that there is currently only one certified primary stroke center in Clark County. Mr. Phoenix noted that between August 2005 to December 2006, Sunrise had 1,238 stroke patients and that 72% of these patients were transported by EMS. Mr. Phoenix added that Sunrise is prepared to provide care for all stroke patients presented to their facility.

John McNeil from Operation Stroke informed the Board that there is a Stroke Act being presented to the Congress for approval. The Stroke Act creates a grant program to help states ensure patients have access to quality stroke prevention, treatment and rehabilitation services. The Act will also create a grant program to educate medical professionals in newly developed diagnosis approaches, technologies and therapies.

Mr. Phoenix advised that the Recommendations for the Establishment of Stroke Systems of Care from the American Stroke Association did address stroke destination. It noted that a stroke system should ensure that all patients having signs or symptoms of stroke be transported to the nearest primary stroke center or hospital with an equivalent designation, given the available acute therapeutic interventions. Air transports should be considered to shorten the time of treatment, if appropriate.

Scott Vivier from Henderson Fire Department (HFD) noted that HFD is providing informed consent for patients who meet stroke criteria. HFD advises these patients that there is a stroke center, that they would be bypassing closer facilities to go to the stroke center and asks if they accept the risk of transport to the stroke center. HFD has transported a significant number of stroke patients to Sunrise from Henderson.

Dr. Homansky made a motion to form an ad hoc committee to work on the creation of a destination protocol for stroke patients. The motion was seconded and passed unanimously.

**B. Discussion of Requirement for 12-Lead EKG Monitor on the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory**

Mr. Chetelat noted that the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory specifies that the unit needs to have a monitor and a defibrillator but does not specify that it is a 12-Lead capable; however, some of the EMS protocols require a 12-Lead EKG be performed. Therefore, the EMS office needs the Board's guidance regarding this matter. Brent Hall from Clark County Fire Department stated that their vendor does not currently have 12-Lead monitors on hand so this shortage will impact their agency's reserve capability.

Dr. Homansky made a motion to require all units to include 12-Lead EKG capability. If unable to comply, a written request must be submitted to the EMSTS office, and a six-month grace period will be granted to allow the agency to become compliant. The motion was seconded and passed unanimously.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

**Report on National Registry Recertification and Practical Testing**

Mr. Chetelat explained that the EMSTS office created a template which compared National Registry recertification requirements to the Southern Nevada Health District's recertification requirements and emailed it to all of the EMS providers. The EMS office has offered to work with any agency that needs additional help. Also, as a short term solution to the infrequency of National Registry practical testing, the EMSTS office will allow the Health District Skills Proficiency record to be the accepted form of practical testing for Reciprocity/Challenge applicants; however, a Health District representative must be present to provide oversight of this practical testing.

**IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

Mr. Chetelat noted that the Health District is offering a free EMS Instructor course beginning on Wednesday, March 14 to Friday, March 16. The class hours are between 8:00-5:00 p.m. Currently, there is only one person

enrolled in the course so the EMSTS office will be offering special testing to try and get more people enrolled. If there is not enough participation, the course will be cancelled.

Mr. Chetelat advised that the SB 458 transfer of care data will be available next week and there will be a meeting on Friday, March 9 at Noon in the Clemens room to develop the report to the Legislature.

Robert Forbuss mentioned that there is a bill in the legislature which addresses alternative triage areas for mental health patients. Dr. Carrison added that Dr. Carlos Brandenburg requested a decrease in the mental health budget for Southern Nevada. The bill does not include an increase in outpatient services nor does it state any provisions for medical triage to be performed other than in the hospitals. Dr. Carrison encouraged everyone to get the support of their lobbyists to push against Dr. Brandenburg's proposal. The hospitals are holding between 50-80 mental health patients daily and Dr. Brandenburg has not done enough to help the mental health problem in Southern Nevada.

Mr. Forbuss also noted that there will be a retirement party for Dr. Donald Kwalick, Chief Health Officer, on Saturday, March 10, 2007.

**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.