MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
MEDICAL ADVISORY BOARD MEETING
MARCH 5, 2008 – 11:00A.M.

MEMBERS PRESENT

Allen Marino, M.D., Chairman, MedicWest Ambulance
Jarrod Johnson, D.O., Mesquite Fire & Rescue
Richard Henderson, M.D., Henderson Fire Dept.
David Slattery, M.D., Las Vegas Fire & Rescue
Troy Tuke, EMT-P, Clark County Fire Dept. (Alt)
Walt West, EMT-P, Boulder City Fire Department
Sandy Young, R.N. Las Vegas Fire & Rescue (Alt)
Scott Vivier, EMT-P, Henderson Fire Dept (Alt)
E. P. Homansky, M.D., American Medical Response
Dale Carrison, D.O., Clark County Fire Department
K. Alexander Malone, M.D., North Las Vegas Fire Dept
Christian Young, M.D., Boulder City Fire Dept.
Chief David Petersen, Mesquite Fire & Rescue
Ronald Tucker, EMT-P, MedicWest Ambulance
Bruce Evans, EMT-P, North Las Vegas Fire Dept
John Wilson, American Medical Response

MEMBERS ABSENT

Chief Randy Howell, Henderson Fire Dept
Chief Mike Myers, Las Vegas Fire & Rescue
Chief Russ Cameron, Clark County Fire Dept.

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Trish Beckwith, EMSTS Field Representative
Judy Tabat, Recording Secretary
Tony Fredrick, M.D., Office of Epidemiology
Mary Ellen Britt, R.N., Regional Trauma Coordinator
John Hammond, EMSTS Field Representative
Lan Lam, Administrative Assistant
Brian Labus, Office of Epidemiology

PUBLIC ATTENDANCE

Jo Ellen Hannom, R.N., Clark County Fire Department
Bob Byrd, EMT-P, American Medical Response
Roy Carroll, American Medical Response
Davette Shea, R.N., Southern Hills Hospital
Serena Denmark, R.N., Mercy Air Service
John Recicar, RN, University Medical Center
Bob Valdez, Mercy Air
Marisa Smith, RN, Southern Hills Hospital
Jackie Levy, University Medical Center
Jennifer Hoff, Touro University
Amelia Hoban, Sunrise
Joseph Melchiode, MountainView Hospital
Tate Eliason
Erin Mesnard, CSN
David Carraway, AMR/NCTI
Melissa Clemmons
David Sharp, CSN
Amanda Curran, EMT-P, MedicWest Ambulance
Jennifer Adams, EMT-P, American Medical Response
Steve Herrin, Las Vegas Fire & Rescue
Jason Meilleur, EMT-P, AMR/MWA
Julie Siemers, RN, Mercy Air
Mary Owens, EMT-P, MedFlight
C.J. Larson, Mesquite P.D.
Jennifer Renner, RN, Sunrise Health
Travis Drancy, EMT-I, CSN
Nick Hulbert, MWA/CSN
Kathy Banusevich, MountainView Hospital
Phil Mauro, EMT-P, American Medical Response
Christopher Phillips
Oscar Ramos, AMR/CSN
John Durkee, EMT-P, Las Vegas Fire & Rescue
Jonathan Erlenbusch, CSN
Jeff Manning, CSN

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 11:01 a.m. on Wednesday, March 5, 2008. The meeting was called to order by Chairman Allen Marino. 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 Marino noted that a quorum was present.

I. CONSENT AGENDA

Chairman Marino 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 February 6, 2008

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

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Priority Dispatch Task Force

Discussion of Emergency Medical Dispatch-ASA Card

Dr. Slattery reported that the ASA Card was previously approved by the MAB, but due to issues raised by the dispatch centers it was brought to the Task Force for further discussion.

After some discussion, the Task Force agreed on the following:

1. Any "Unknown" response for questions 1, 2, & 3 will default to a "Yes" response.
2. The ASA Diagnostic and Instruction Tool will be implemented when cards 10 & 19 are used AND the estimated EMS response time is > 20 minutes.
3. The ASA Diagnostic and Instruction Tool can be used in conjunction with cards 10 & 19 if a caller inquires about ASA use.

Dr. Marino related that one of the issues brought forth by the dispatch centers was the extensive length of time it takes a dispatcher to go through the ASA Card. It was felt that the above steps will effectively cut down the time they are on the phone so they can move forward to the next 911 call.

Dr. Slattery made a motion to accept the ASA card with the three modifications. The motion was seconded and passed unanimously by the Board.

B. Report from Stroke Destination Task Force

Mr. Chetelat reported that the financial work group met on February 20th to discuss issues related to the need for designated stroke centers. The workgroup consisted of hospital administrators and representatives for the payors of medical benefits. Two issues raised were whether there is a proven benefit for a designated stroke center; and whether there is a need for a mandated destination policy. The workgroup was tasked to provide data regarding the number of stroke patients typically seen and any patient outcome information available before moving the discussion to the operations workgroup.

Dr. Henderson expressed the fact that stroke destination centers have been proven to be the best practice on a national level and recommended by the American Heart Association. He didn't understand why it needs to be proven locally. Dr. Malone concurred that the results are well documented.

Dr. Marino questioned the purpose of writing the protocol. Mr. Chetelat replied that it is important to find a common ground between the hospital and payor groups and provide the best care for the patient without impacting them financially. The idea would be to develop a protocol, test the efficacy of correctly diagnosing and making the right decision, while continuing to allow patient choice. This will give the hospitals time to add additional stroke centers in the community so it becomes less of an issue. Mr. Melchiode related that the key question is, "What is in the best interest of the patient?" Currently, there are two stroke centers, Valley Hospital and Sunrise Hospital, which is a good impetus for others hospitals to pursue stroke accreditation.

Dr. Henderson expressed concern that there is a risk to allowing patient choice. If you encourage the patient to go to a stroke center but the insurance company tells the patient the facility is not a provider hospital, the bill now becomes the patient's responsibility. Dr. Carrison added that it will also complicate the job for field personnel who want to do the right thing for the patient. Dr. Henderson stated that if stroke destination is mandated, then the hospitals and insurance companies need to work together. Dr. Slattery agreed that it should be done right, or not at all. He noted that a lot of other systems have had success by bringing all the stakeholders together to develop a long term plan. It is important to develop a protocol that doesn't leave the patient or EMS in a bad position.

Dr. Henderson made a motion to write a protocol that states stroke patients under six hours of onset have to be taken to a stroke center that has been Joint Commission approved or is in the process of approval. He related that to be a designated stroke facility you not only have to be accredited by The Joint Commission or in the process of approval, but you also have to hit your drop off time obligations 90% of the time for the preceding three months. Dr. Marino stated that Dr. Henderson's motion was made at the first Stroke Destination Task Force meeting and it was felt that the operational personnel should meet first to define the stroke center criteria and to develop a protocol.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

E.D. Nurse Managers Report

Davette Shea thanked the Board for the opportunity to share the work the E.D. Nurse Managers group has been doing. This meeting was hosted by Valley Hospital and included the Fire Service's, AMR and MW which created a great opportunity to share ideas.

Dr. Slattery did a great presentation on CARES (Cardiac Arrest Registry to Enhance Survival) which was developed by Emory University and is a CDC funded project intended to develop a simple but powerful EMS information system to help cities across the United States improve treatment and outcomes of out-of-hospital cardiac arrest.

An IT representative from Las Vegas Fire & Rescue did a presentation on the problems being experienced with faxing reports which has been an issue pertinent with the Facilities Advisory Board (FAB).

Mike Myers updated everybody on First Watch and reported there is a 15 to 60 second delay when the screen refreshes and because of nurse manager turnover we want to make sure we're using that collaboratively because it's an excellent resource for patient delivery in the Valley.

Randy Howell and Brian Rogers updated everybody on the Transfer of Care (TOC) software. Ms. Shea believes there has been progress with this software because the reports reflect the CAD times and drop times were within a 30 to 38 minutes window. There are still problems with medics getting into the system and nurses making sure they don't transfer the patient until they are in a bed.

Troy Tuke presented a new CPAP disposable device that will be used in the field which will prevent unnecessary intubations. The trial will include Henderson Fire, Clark County Fire and North Las Vegas Fire.

There was an update from Mary Jo Solon, the Director of Nursing at Southern Nevada Adult Mental Health and she advised the group that they have hired 4 admission nurses that should be in place within the next 30 days. Also 22 beds are open at 6161 W. Charleston which should help with the beds that were lost at Westcare in December. The hold times have gone down in January and they have given us the 24 number to call which went out to all the nurse managers if there are problems.

Jim Osti reported year end stats which show 98% participation form the hospitals.

Jason Mueller, the new dispatch supervisor for both AMR and MedicWest gave us a number to call for problems with communications.

Mary Ellen Britt updated us on the TIPS fundraiser which is a great group that serves Las Vegas and encouraged everyone to support it.

Montevista Hospital offered to come to our hospitals and sponsor a get together called the Jason Foundation which provides education on youth suicide so we are hoping to take advantage of that.

Ms. Shea advised that the next meeting will be at St. Rose de Lima.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

A. Dr. Tony Frederick from the Office of Epidemiology at the Health District reported that Ricin was found in a hotel room and the person living in that room had been in critical condition at Spring Valley Hospital for two weeks. Unfortunately the only testing for Ricin which can only be done by the Centers for Disease Control (CDC) has to be obtained within the first 5 days of exposure and this patient had already been in the hospital for 14 days. The Health District worked in collaboration with the CDC, Spring Valley Hospital and law enforcement to investigate this case. Dr. Frederick introduced Dr. Laura Conklin who is a medical epidemiologist and Dr. Carl Skinner who is a medical toxicologist both from the CDC.

Dr. Conklin stated that they have been in Las Vegas since February 29, 2008 not only to investigate this case but to increase surveillance and awareness among the 14 regional hospitals in the area. In terms of a public health response it is important for the CDC to get that initial urine sample to help confirm a diagnosis of exposure.

Dr. Skinner reported that the ingestion of Ricin typically leads to vomiting and diarrhea or a bad cough rapidly progressing to respiratory failure. He added that Ricin is not a bacterium so it is not infectious. Ricin is a toxin and it comes from castor beans which are everywhere. The beans are safe and can be swallowed whole but if chewed the release of Ricin can cause you to become sick. Ricin is made from the extracted poison from the central core of the castor bean and it can be made in the form of a powder. The Ricin found here was in granulation similar to a salt substance which isn't going to get airborne easily.

Dr. Carrison wanted to commend the Civilian Support Team (CST) who made the identification of Ricin immediately. They respond with the armor team on any call suspected to be of biological or chemical nature and have the ability on scene to do an immediate identification of the product.

Dr. Homansky commented that there have been only 8 incidences of Ricin poisoning in the world and Las Vegas has had 2 of them. The first incident the patient came in with the powder but if you don't have the powder then it's very difficult to diagnose. The key is to call people that know immediately if there is any suspicion.

B. Brian Labus from the Office of Epidemiology at the Health District reported on the Hepatitis C investigation. In early January, a cluster of acute hepatitis C cases were identified associated with a local medical clinic. During the investigation, it was discovered that the clinic was using unsafe injection practices in the administration of intravenous anesthetics which placed patients at risk of exposure to bloodborne pathogens from other patients. As a result, it was determined that it was necessary to notify the at-risk patients of the potential exposure, and recommend they be tested for hepatitis C, hepatitis B and HIV.

The Health District did send out notifications on the EMSystem in order to make sure the Emergency Rooms were first to hear. They also sent out technical bulletins to their entire database which explained what was going on and the testing procedures that needed to be performed.

The Health District's call center has been handling numerous calls from the community.

V. ADJOURNMENT

As there was no further business, Chairman Marino called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:51 a.m.