



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

January 7, 2009 – 11:00 A.M.

MEMBERS PRESENT

Allen Marino, MD, Chairman, MedicWest Ambulance	Christian Young, MD, Boulder City Fire
Richard Henderson, MD, Henderson Fire Department	David Slattery, MD, Las Vegas Fire & Rescue
Jarrold Johnson, DO, Mesquite Fire & Rescue	E.P. Homansky, MD, American Medical Response
Dale Carrison, DO, Clark County Fire Department	Chad Henry, EMT-P, American Medical Response
K. Alexander Malone, MD, North Las Vegas Fire	Troy Tuke, EMT-P, Clark County Fire Department
Chief Randy Howell, Henderson Fire Department	Chief David Petersen, Mesquite Fire & Rescue
Chief Bruce Evans, North Las Vegas Fire	Sandy Young, RN, Las Vegas Fire & Rescue (Alt.)
Walt West, EMT-P, Boulder City Fire Department	Mark Calabrese, EMT-P, MedicWest Ambulance

MEMBERS ABSENT

Chief Mike Myers, Las Vegas Fire & Rescue

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director	Rory Chetelat, EMSTS Manager
Mary Ellen Britt, Regional Trauma Coordinator	Trish Beckwith, EMS Field Rep.
John Hammond, EMS Field Rep	Judy Tabat, Recording Secretary
Steve Kramer, OPHP Supervisor	Lan Lam, Administrative Assistant

PUBLIC ATTENDANCE

John Higley, EMT-P, MF&R	William Wagnon, MountainView Hospital
Derek Cox, EMT-P, LVF&R	James Holtz, RN, Valley Hospital
Jackie Levy, University Medical Center	Brian Rogers, EMT-P, HFD
Amy Bochenek, Centennial Hills Hospital	Amelia Hoban, Sunrise Hospital
Jo Ellen Hannom, RN, CCFD	Jennifer Renner, HCA
Scott Vivier, EMT-P, HFD	Susan Crowder, Mountain View Hospital
David Embly, North Vista Hospital	Kady Dabash, EMT-P, MedicWest Ambulance
Eric Dievendorf, EMT-P, AMR	Bob Byrd, EMT-P, AMR
Mary Levy, UMC	Bill Elsaesser, MD, North Vista Hospital
Michele McKee, MD, UMC	Jay Fisher, MD, UMC
Dan Petcavage, UMC	Greg Fusto, UMC
Daniel Wu, UMC	Michelle Dimoff, Summerlin Hospital
John Wilson, AMR/MWA	Michael Bachman, MD, Sunrise Hospital
Anna Smith, Valley Hospital	Julie Siemers, Mercy Air
Minta Albietz, Sunrise Hospital	Nancy Harpin, UMC
Evelyn Lundell, UMC	Eric Anderson, MD, FES
Andrea Hammond, Sunrise 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 11:02 a.m. on Wednesday, January 7, 2009. 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. A motion for Board approval of the following items on the Consent Agenda was made, seconded, and carried unanimously.

Minutes Medical Advisory Board Meeting November 5, 2008

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of MAB's Vision for 2009

Dr. Marino started the discussion by stating the Medical Advisory Board was created to guide and promote excellence in prehospital care. In an effort to regain focus on the Board's purpose, he referred the members to a list of proposed actions.

The first item discussed was timely review of the protocols. He stated that an annual review of all of the protocols is labor intensive so he would like to see them released once, at the same time every year. He proposed that the protocols be broken up into three separate bundles to be reviewed separately by the Procedure/Protocol subcommittee prior to Board approval. The last bundle to be reviewed should be the time sensitive protocols, i.e. the ones related to cardiac issues. He stated that each agency needs to send a representative to the subcommittee meetings so the details can be communicated to their Medical Director. This will make the process smoother and eliminate the need to recreate past discussions.

Dr. Marino also discussed the need for the MAB to be more actively involved in the QA process by promoting the hard work they have done and endorsing projects such as benchmarking best practices. He suggested the MAB devote ten minutes of the meeting to review specific events happening in the community and to share information from the provider agencies. He asked that the QI Directors Committee take on the responsibility of selecting the projects to present. Dr. Slattery agreed with the idea, however, he expressed concern with regard to poor participation at the meetings. Dr. Marino stated he would add the QA issue to the Board's mission and move the QI Directors report to the action item section of the MAB's agenda. He added that one of the challenges for QA is the scarcity of data; you can't grow as a system if data can't be collected. Data collection is a challenge for the trauma system as well. He suggested they include increased data collection to the list of 2009 goals.

Dr. Marino commented that he would also like to improve communications with nurse managers and hospital CEO's because they are an important source in the community. He proposed that at the November meeting the MAB meet jointly with the CEO's to review destinations and open up communications.

Special projects are unique opportunities that come up in an as needed situation and he noted that task force meetings are handled very well.

Dr. Marino referred the MAB to a strategic planning calendar showing the MAB meets every other month, and task forces and workshops will be scheduled in the off months. Dr. Carrison agreed that the joint MAB/CEO/Nurse Managers meeting was an excellent idea. He stated that we've lost our communication with some of the hospitals simply because they are not represented on the Board. He encouraged those from other hospitals and ER physicians who are not represented to participate because their input is valuable.

Dr. Slattery wanted clarification on urgent protocols that may come up and if there is a mechanism for those to get through. Dr. Marino stated that would fall under special projects and would be handled on an urgent basis.

Dr. Marino asked if everybody was comfortable with the suggestions. He stated that the first review of protocols from Bundle A is scheduled for February 4th and will go to the MAB for approval in March.

Ms. Young questioned the “education task for new protocols” scheduled for July and August stating that they are given 90 days for education. Dr. Marino stated that “education task for new protocols” is for the Education Committee to put the materials together. The release date from the Health District would be September, so the protocols would go into effect by January 1st of the following year.

Dr. Homansky asked if the alternate month meeting would be held on the first Wednesday of the month at 11:00 am. Mr. Chetelat stated that it would depend on how many meetings are scheduled but the big meeting would be scheduled at 11:00 and all others would be at 9:00 and 10:00 am.

Dr. Homansky stated that for future meetings the plan is to send the subcommittee meeting notifications to all the representatives at each Emergency Department. Mr. Chetelat stated that as long as we have their contact information we can send it out electronically.

Dr. Heck expressed concern over new devices being reviewed after finishing the protocols since a device might have to be accepted that will change a protocol. Dr. Marino commented that the new device would not be launched until the following year so the agencies can include it in their budget. A device will not be released for 12 months following approval. Dr. Heck advised the Board to be aware that the situation may arise where we are approving devices to come on line before the next protocol revision will allow them to utilize it. Mr. Howell stated that if there is a need for a specific piece of equipment and not a huge budget impact then there shouldn't be anything that prohibits the Board from looking at a device and putting a protocol in place if there is a need.

Dr. Slattery questioned if there is anything that precludes any other physician that is not a medical director to participate as a chair of a subcommittee. Mr. Chetelat stated he did not know of anything but advised they have been invited in the past with not much response. Dr. Slattery realized there has been an invitation but more physician involvement in a leadership role would make the subcommittee's decision carry more weight. Dr. Carrison agreed that that's why hospital representation is so important.

B. Pediatric Destination Workshop – Discussion of Hospital Requirements for Pediatric Destination Protocol

Mr. Chetelat stated that this meeting was very well attended and it was recommended that a subcommittee be formed under the MAB that would have decision making capability for pediatric issues in Clark County.

A motion was made to create a Pediatric Destination Task Force to review policies regarding pediatric issues. The motion was seconded and carried unanimously by the Board.

Dr. Carrison asked Dr. Fisher if he could volunteer him to chair the Pediatric Destination Task Force. Dr. Fisher agreed and then introduced Dr. Michele McKee whom he recruited from Boston. He related that she is an expert and a national speaker in the field of prehospital care and disaster preparedness. The Board welcomed her.

Dr. Homansky made a recommendation that an ED physician from Sunrise co-chair the Pediatric Destination Task Force. Dr. Fisher noted that Dr. Mike Bachman is the new director, and asked if he was interested in being the co-chair. Dr. Bachman agreed.

Mr. Wagon wanted clarification on whether MountainView Hospital was still approved under the previous verbiage. Mr. Chetelat said that MountainView Hospital is approved because they met the criteria at the time.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Report from Regional Trauma Advisory Board

Ms. Britt reported that the first trauma system report had been completed. She noted that copies were available for anyone interested. The first Trauma Performance Improvement Committee meeting was held in December and Dr. Marino was selected as chairman. One of the topics during this meeting was the lack of consistent data collection; approximately 60% of the time EMS documentation from the trauma system's perspective does not contain all the required information to enter into the trauma registry at the state level. They are putting together a 5-day study this month by doing a chart review to determine documentation of the following two criteria points: 1) location of the incident; and 2) Did the patient meet TFTC? This information will be reported at the next RTAB and MAB. Dr. Marino stated that he has asked the trauma coordinators to help educate the medics on the

importance of the criterion because it comes back as a trauma prevention component that the trauma system is responsible for to make it a safer community.

Ms. Britt stated that in February, she and Jane Shunney from the OPHP department at the Health District will be meeting with the Las Vegas Security Chief's Association to introduce them to the TIIDE terrorism injury blast injury curriculum in an effort to train their security officers.

B. Request to Receive MAB Agenda/Minutes by Electronic Mail

Mr. Chetelat advised that Nevada Open Meeting Law now allows for meeting notices to be sent electronically. Forms were given to each member on the Board to choose how he would like to receive the meeting notices (by email or by US mail).

Dr. Homansky inquired about the conflict of interest statement for speakers before the Board. Mr. Chetelat stated that NRS provides the language with regards to this issue, but we can add language to EMS Regulations in the MAB section advising members of the board that they have an obligation to disclose any conflicts of interest. The assumption before any public board is that people speaking before the board who already have a personal interest are not decision makers. Conflict of interest applies to the decision makers. Dr. Homansky suggested that a statement be made prior to each meeting putting the speakers on notice to disclose any financial interest in the company they are representing. Mr. Chetelat stated that we will add that to the statement and the chair will be responsible for advising the Board. Dr. Slattery agreed and stated that the Stroke meetings start with disclosure statements and everybody has been compliant. He feels it is important to level the playing field, especially with drug & device.

Bruce Evans reported that the Journal of Emergency Medical Services website (jems.com) has a new social networking feature which entertains discussions of EMS systems. The Southern Nevada EMS Group has been added. He invited everybody to take a look at it.

Mr. Chetelat did a quick update on the Transfer of Care software. Commerx has updated the drop down list for exceptions and will be opening up a portal so he can use existing reports.

Mr. Chetelat announced that Chief Randy Howell, Henderson Fire Department, will be leaving and thanked him for his many years of service and dedication in the EMS system. Mr. Howell was presented with a recognition of service award.

IV. PUBLIC COMMENT

Dr. Fisher thanked the Board for the Pediatric Destination criteria and all the attention to pediatrics in the community. He added that he noticed the homicide rate in children is five times higher than the rest of the country and felt this would be a great opportunity to champion this particular issue since nobody in the community is looked up to more than paramedics and firefighters. He stated that he is willing to do whatever he could do to work with the MAB and EMS to promote child safety, prevent abuse and get those numbers lower.

V. ADJOURNMENT

As there was no further business, Dr. Marino called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:54 a.m.