MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

April 1, 2009 – 11:00 A.M.

MEMBERS PRESENT

Allen Marino, MD, Chairman, MedicWest Ambulance
Richard Henderson, MD, Henderson Fire Department
Chief Mike Myers, Las Vegas Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
Chief Bruce Evans, North Las Vegas Fire
Mark Calabrese, EMT-P, MedicWest Ambulance
E.P. Homansky, MD, American Medical Response
Jarrod Johnson, DO, Mesquite Fire & Rescue
Chief David Petersen, Mesquite Fire & Rescue
Troy Tuke, EMT-P, Clark County Fire Department
Chad Henry, EMT-P, American Medical Response

MEMBERS ABSENT

Dale Carrison, DO, Clark County Fire Department
Chief Kevin Nicholson, Boulder City Fire Dept
K. Alexander Malone, MD, North Las Vegas Fire
Christian Young, MD, Boulder City Fire Dept
David Slattery, MD, Las Vegas Fire & Rescue

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

John Higley, EMT-P, MF&R
Brian Rogers, EMT-P, HFD
Jo Ellen Hannom, RN, CCFD
James Holtz, RN, Valley Hospital
Eric Anderson, MD, FES
Amelia Hoban, Sunrise Hospital
Dan Petcavage, UMC
Jackie Levy, UMC
Jennifer Poyer, RN, Desert Springs Hospital
Jason Meilleur, EMT-P, AMR
Donna Miller, RN, Life Guard Int'l
Steve Lyons, NLVFR
Mike Rovere, NCTI
Jerry Brinker, AMR
Oprah Alexander, Westcare
Tom Somers, Fitch & Associates
Gretchen A. Lin, CARES
Barbara Christiansen, Las Vegas HSC
Sandy Young, RN, LVF&R
Larry Johnson, EMT-P, MWA
Eric Dievendorf, EMT-P, AMR
Kady Dabash, EMT-P, MWA
Greg Fusto, UMC
Minta Albietz, Sunrise Hospital
Michele McKee, MD, UMC
Roni, Mauro, EMT-P, MWA
Jeff Johnston, Sunrise Hospital
Steve Herrin, LVF&R
Ryan Boyd, NLVFR
Joshua Taylor, NCTI
Alex Lozano, NCTI
Mildred Williams, Westcare
Mike Rabone, Fitch & Associates
Julie Tacker, CARES
Alan Rice, MD, Pediatric Endocrinology

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 11:09 a.m. on Wednesday, April 1, 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.

A. Minutes Medical Advisory Board Meeting January 7, 2009

B. Revision to Official Air Ambulance, Ground Ambulance and Firefighting Agency Inventory to Exempt Fixed Wing Agencies from Carrying the Combitube-type Airway Device

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from QA Committee

Dr. Marino stated that Dr. Slattery asked him to chair the QA Committee meeting in his absence. He reported that Jo Ellen Hannom gave a terrific presentation on the use of Intranasal (IN) Versed in the field on behalf of the Clark County Fire Department. She will give the same presentation at the next MAB meeting. The Needle Cricothyroidotomy protocol was referred to the Drug/Device/Protocol subcommittee to explore the use of a surgical rescue airway.

A concerning issue that was discussed was the Health District's difficulty in obtaining the monthly EMS Call Statistics. Dr. Heck agreed to revise the current form and the QI Committee members agreed to supply the data to the Health District in the future.

B. Report from Drug/Device/Protocol Committee

Dr. Henderson reported the subcommittee reviewed the protocols in Modules A and B and will meet again next month as it is a work in progress. Dr. Marino stressed that the medical directors who are not able to attend these meetings send a representative who will apprise them of the changes that are being discussed. Once approved by the subcommittee, the draft protocol manual will go directly to the MAB for endorsement. Dr. Henderson suggested the Health District prepare a summary of the proposed changes for the next meeting.

C. Discussion of Trauma Performance Improvement Indicators

Dr. Marino reported that the Regional Trauma Advisory Board (RTAB) created an EMS/Trauma Performance Improvement Committee. Their mission is to ensure the coordination, integration, efficiency and effectiveness of the interface between the EMS and trauma system. He related that a long list of various performance improvement indicators were submitted for consideration specific to trauma field triage criteria (TFTC) patients. Dr. Marino proposed that only a couple of indicators be selected quarterly in order to provide good feedback. The Committee is requesting the MAB's endorsement and support in reporting the data that they would like to evaluate first. Dr. Marino assured the Board that they are not looking for fault; they want to identify the cases where these indicators are occurring and whether there were adverse outcomes.

Chief Myers felt the decision should be based on 1) what the physicians feel EMS personnel needs to improve upon; and 2) whether the EMS managers are able to obtain the necessary data. Troy Tuke suggested they focus on skills since it's the easiest to track. Chief Evans stated that the National Association of State EMS Officials has come out with a quality indicator program; it may be helpful to sample the same trauma indicators when looking at other trauma systems that are utilizing the same measuring tool for purposes of comparison.

Chief Myers stated he would research whether they could build some kind of trigger and have someone data mine the different CADs and EPCR data sources to set the performance indicator(s) to where a report can be automatically generated every month.

Dr. Marino commented that we should start with something relatively easy so we don't set ourselves up for failure. After a brief discussion, the following performance indicators were selected: protocol deviation; needle thoracostomy; and EMS on-scene times.

Dr. Marino stated that he will work with the Performance Improvement Committee on the logistics of reporting. He explained that this is a full circle process; EMS will provide the data and the Trauma Centers will provide the outcome feedback.

D. Discussion of EMD Card for Cardiac Arrest

Steve Herrin, the Communications Training Officer for the Fire Alarm Office (FAO) explained that in September 2006 the MAB endorsed a verbiage change to Card 9, Panel 13, Version 11.2 (Panel 12 in Version 11.3) of the Medical Priority Dispatch System (MPDS) CPR Protocol to read: "Pump the chest hard and fast, at least twice per second for 3½ minutes (it's not as long as it sounds). Let the chest come all the way up between pumps. I will time you and let you know. I'll stay on the line. *If they become fatigued, ask if someone else is able to take over chest compressions or advise brief rest (3-5 seconds)." He related that the reason for the change was due to the dispatchers' concern with the 400 compressions they were directed to give during the pre-arrival instructions for cardiac arrest. He stated that MPDS has since updated to Version 12, and in Panel 12 the number of compressions has been raised from 400 to 600. He asked that the Board keep the same language that was endorsed in the past.

A motion was made to keep the same verbiage in Version 12, Panel 12 of the MPDS CPR Protocol. The motion was seconded and passed unanimously by the Board

E. Discussion of Adjusting the Strategic Planning Calendar

Dr. Marino asked the Board if they still wanted to meet in May or move it to June, August, October and December and go every other month going forward from this date.

A motion was made to hold the MAB every other month starting in June. The motion was seconded and passed unanimously by the Board.

F. Best Practice Presentation

Scott Vivier gave a presentation on a quality improvement initiative using crew based care and some practical applications of Crew Resource Management (CRM) training. He stated that CRM is a management system derived out of the aviation industry to reduce human error in mission critical events. He explained how they applied it to EMS with a 5-step process to implement a team based approach:

1. Recognize and define a shared goal
2. Identify team vs. individual responsibilities
3. Create a systematic way of doing business
4. Build checks and feedback loops into the system
5. Practice

Chief Vivier stated that the Henderson Fire Department has implemented this for 5 years and still practicing. In 2007, the first attempt success rate for intubation was 37% and in 2008 it is 53% with an overall intubation success rate at 91%. He stated that a training video has been created, and stressed the importance of having a training plan that is shown on a repetitive basis so that recognition and prime decision making is ingrained into the culture.

G. Congenital Adrenal Hyperplasia Presentation

Gretchen Alger Lin asked that the Board consider the inclusion of injectable glucocorticoids in the EMS formulary as well as treatment protocols for individuals with adrenal insufficiency in need of emergency treatment.

Chief Myers made a motion to refer the discussion of adding injectable glucocorticoids to the EMS formulary to the Drug/Device/Protocol Committee for further discussion. The motion was seconded and passed unanimously by the Board.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Report from Regional Trauma Advisory Board (RTAB)

Ms. Britt reported that the trauma performance improvement plan revisions are completed and were adopted by the RTAB in March.

Ms. Britt stated that through the TIIDE grant we have the Bombings: Injury Patterns & Care Curriculum that was created by the American College of Emergency Physicians and other TIIDE partners. It was created primarily for physicians, nurses and healthcare providers and they have been trying to push that curriculum out on a national level. Dr. Hunt, the head of the injury control division at the CDC, asked if we would be willing to revise the curriculum for security officers. In looking to manage medical surge Dr. Heck has been working on revising the curriculum due to the fact that up to 75% of victims self transport. These transports occur outside of our incident command system and could overwhelm hospitals. Ms. Britt met with the Las Vegas Security Chiefs Association and reported that they are very enthusiastic about helping us disseminate the curriculum to their 5,000 security officers. The DVD is expected to be completed in the next few weeks and will be distributed to the appropriate properties. She added that they have also been invited to provide the educational program at the Global Gaming (G2E) Conference.

Ms. Britt thanked Clark County Fire Department for their extrication demonstration at the last RTAB meeting. She related that they showed the difficulty of cutting through newly manufactured cars as opposed to older model cars because the metal used is so much stronger. The newer car had suffered a rollover and showed little deformity. Clark County asked the RTAB to consider these factors when looking at the current guidelines that are in place in the Trauma Field Triage Criteria (TFTC) protocol.

B. Report from Transfer of Care Committee (TOCC)

Mr. Rogers advised that the TOCC approved the switch from Commerx to First Watch for the Transfer of Care software. The goal is to go live on May 1st. First Watch will work right out of the computer-aided dispatch (CAD) system which means there will be one central repository for the data with a failsafe put in place due to the fact both sides need to sign in and sign out.

The second item discussed was internal disaster. Mr. Rogers explained that in the past whenever a hospital went on internal disaster it was reported back to the MAB. That process did not work very well due to a communication breakdown between the hospitals and EMS so it was decided that the TOC Adhoc Workgroup will keep track of all disasters that occur over the month and report back to the TOCC who will then report back to the MAB. Mr. Rogers stated that in the month of March alone there were over 10 occurrences where hospitals claimed they were experiencing an internal disaster.

Mr. Rogers noted that according to the statistics EMS is meeting its goal of a 30 minute or less drop time 86% of the time, and 38½ minutes or less 90% of the time, so we are working well together and moving in the right direction.

IV. PUBLIC COMMENT

None

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 12:17 p.m.