



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**MEDICAL ADVISORY BOARD MEETING**

**October 2, 2013 – 11:00 A.M.**

**MEMBERS PRESENT**

E.P. Homansky, MD, Chairman, AMR	Tressa Naik, MD, Henderson Fire Department
Eric Anderson, MD, MedicWest Ambulance	Dale Carrison, DO, Clark County Fire Department
K. Alexander Malone, MD, North Las Vegas Fire	Jarrold Johnson, DO, Mesquite Fire & Rescue
David Slattery, MD, Las Vegas Fire & Rescue	Chief Troy Tuke, Clark County Fire Dept.
Chief Thomas Miramontes, Las Vegas Fire & Rescue	Chief Scott Vivier, Henderson Fire Department
Brandon Hunter, EMT-P, MedicWest Ambulance	Scott Morris, North Las Vegas Fire Dept (Alt)
Eric Dievendorf, EMT-P, American Medical Response (Alt)	

**MEMBERS ABSENT**

Chief Kevin Nicholson, Boulder City Fire Dept	Rick Resnick, EMT-P, Mesquite Fire & Rescue
Chief Jeff Buchanan, North Las Vegas Fire Dept	Melinda Case, RN, RTAB Representative
Tony Greenway, EMT-P, American Medical Response	

**SNHD STAFF PRESENT**

Mary Ellen Britt, Acting EMS Manager	Christian Young, MD, EMSTS Medical Director
John Hammond, EMS Field Representative	Brandon Bowyer, EMS Field Representative
Judy Tabat, Recording Secretary	

**PUBLIC ATTENDANCE**

Bryan Bledsoe, DO, MedicWest Ambulance	Victor Montecerin, EMT-P, MWA
Frank Simone, EMT-P, North Las Vegas Fire Dept	Jim McAllister, EMT-P, LVMS
Gerry Julian, EMT-P, Mercy Air	Clem Strumillo, EMT-P, Community Amb.
Sam Scheller, EMT-P, Guardian Elite	Abby Hudema, RN, UMC
Mark Calabrese, Mountain View Hospital	Dennis Nolan, Community Ambulance
August Corrales, EMT-P	Dorita Sondereker, RN, Mercy Air
Bryce Krason, EMT-I, AMR	Donna Miller, RN, LifeGuard Int'l
Steve Krebs, MD, UMC	Cole Sondrup, MD, Community Ambulance
Rebecca Dennon, EMT-P, JTM	Jason Driggards, AMR
Daniel Llamas, HCA	Pat Foley, EMT-P, CCFD
Eileen Davies, RN, LifeGuard Int'l	Scott Miner, LVAPC
Karena Fisher, Sunrise Hospital	Stacey Noora, Sunrise Health
Melody Talbott, UMC	Jennifer Fighera, HCA
Bill Berliner, M.D.	Brendan Bussmann, Sunrise
Sam Kaufman, DSH/VHMC	Todd Sklamberg, Sunrise Hospital

**CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The Medical Advisory Board convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, October 2, 2013. Chairman E.P. Homansky, MD called the meeting to order at 11:07 a.m. The Affidavit of Posting,

Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Dr. Homansky noted that a quorum was present.

### **I. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chairman Homansky asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

### **II. CONSENT AGENDA**

Chairman Homansky 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.

Approve Minutes/Medical Advisory Board Meeting: September 4, 2013

Chairman Homansky asked for a motion to approve the Consent Agenda. Motion made by Member Slattery, seconded by Member Vivier and carried unanimously.

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

Mary Ellen Britt introduced Brandon Bowyer as the new EMS Field Representative for the Office of Emergency Medical Services & Trauma System (OEMSTS).

#### **A. Committee Report: Drug/Device/Protocol Committee 10/02/13**

1. Drug/Device/Protocol Algorithm Workshop for the Development of the Tachycardia, Ventilation Management and Hypothermia/Hyperthermia Treatment Protocols
2. Discussion of Respiratory Distress Treatment Protocol Adult/Pediatric
3. Review of Operation Protocols
  - Chronic Public Inebriate
  - Communications
  - Documentation
  - Do Not Resuscitate
  - Inter-Facility Transfer
  - Pediatric Patient Destination
  - Prehospital Death Determination
  - Release of Medical Assistance
  - Termination of Resuscitation
  - Transport Destinations
  - Waiting Room Criteria

Dr. Johnson reported that a DDP Workshop was held prior to their Committee meeting to work on developing an algorithmic format for three of the last four remaining treatment protocols. The DDP Committee was broken down into three groups and the team leader of each group presented their protocol to the Committee which will be created in Visio and be brought back to the Committee next month for review.

Dr. Young reported that the Committee did approve the Respiratory Distress Adult/Pediatric protocol with a few small changes and once all the protocols are finalized they will be brought to this Board for review and approval.

Dr. Johnson stated that the review of the Operation Protocols was tabled and will be brought back next month.

#### **B. Discussion of Smoke Inhalation Protocol**

Dr. Young stated that there was some discussion offline with regard to UMC's capabilities changing with their multichamber hyperbaric unit going off line for emergency 24 hour coverage and they felt it was important to bring this up to the MAB for discussion. He added that they reviewed the Smoke Inhalation protocol and at this point nothing is going to change they just wanted to make sure there wasn't any initial public comment or discussion on that desired from anyone on the Board.

Dr. Carrison had some concerns with regards to information in a brochure stating that it was not correct with the current medical literature. He stated that none of the current literature supports the use of hyperbaric for Cyanide poisoning, smoke inhalation or carbon monoxide poisoning.

Dr. Coates, Medical Director for the Burn Center stated that the American Burn Association (ABA) lists Inhalation injury as one of the burn injuries that should be referred to a burn center. He added that the ABA does not require burn centers to have hyperbaric therapy either available or on premises and added that the latest Cochrane report published in 2011 show there is no survival benefit with hyperbaric therapy versus normal baric therapy in inhalation injury.

C. Discussion on Physician Orders for Life Sustaining treatment (POLST)

Dr. William Berliner explained to the Board that POLST is a form providing a physician order regarding the patient's current medical condition and preferences. It is a more advanced form of an advanced directive signed by the patient and the physician, and it can become part of the electronic medical record which will be part of the lock box up at the Secretary of State's office. The law went into effect the first of October but before it is actuated the Nevada Health Department has to create the form and the regulations and submit it to the POLST Paradigm which is a national program designed to provide a framework for States to use when developing a POLST form. The Nevada POLST Coalition was developed that includes a broad spectrum of agencies to develop and implement the "POLST" form in Nevada and a draft form was sent to the Nevada State Board this week. Nevada now joins the contiguous States (except Arizona) with a transferable POLST so no matter where the patient goes the order will be recognized as valid law. The aim is to have it done before the end of the year or at the latest the first quarter of next year to get it up and running. He added that there will obviously have to be public, physician, hospital and EMT education on how it will be used.

Dr. Slattery stated that it will be critical that EMS providers as well as for the emergency department standpoint that we have access to that database. Dr. Berliner agreed.

D. Discussion of Revisions to the Draft EMS Regulations

Ms. Britt referred to the Draft EMS Regulations in the Board's handouts. She advised the Board that the majority of changes are related to the new levels of certification as defined in SB100; reorganization of existing content and minor housekeeping changes. Revisions were also made to Section 1000, the Air Ambulance section as a result of SB285. She noted that the draft changes made to EMS Regulations are noted in the following way:

- Additions are italicized and underscored
- Deletions are surrounded by brackets and have a ~~strikethrough~~

Major changes

- New levels of certification (effective January 1, 2014) as defined in SB100
  - EMT-Basic → Emergency Medical Technician (EMT)
  - EMT-Intermediate → Advanced Emergency Medical Technician (AEMT)
  - EMT-Paramedic → Paramedic
- National Standard Curriculum → National EMS Education Standards as defined in SB100
- Reorganization of existing content
- Revisions to Section 800 "Permit Endorsement"
  - Removed language stating air ambulance is required to get approval from the State because it is not compliance with the airline deregulation act of 1978.
  - Air ambulance not required to provide rate information per SB285.
- Revisions to Section 1000 "Air Ambulance Service" as a result of SB285

Ms. Britt stated that during this past legislative session, SB285 was passed which now requires the health authorities to permit air ambulance services that are based outside of the state as long as they do business here. They are able to deliver patients here but they are not allowed to receive any patients within the state without being permitted. A communication was sent out by the National Hospital Association to all the hospitals letting them know about SB285 and to advise them that they need to be using services that are

permitted in the State of Nevada. She advised the Board that a combined list of who the currently permitted services are in the State will be posted on both the State of Nevada and the Health Districts website.

In addition, the new law narrows the scope of certain provisions governing the operation of an air ambulance so that we may govern only the medical aspects of the operation of those air ambulances.

To address these requirements, staff reviewed our existing regulations and found provisions that needed to be clarified or deleted. The Airline Deregulation Act of 1978 preempts states from economic regulation, including rates, routes and services. Various court cases and advisory letters to states from the DOT support the FAA's role in regulating aircraft safety and operations and the state's role in regulating medical care.

Based on the opinion of our legal counsel, we have removed those requirements felt to be preempted by federal law based on previous court cases and advisory opinions. She advised we can't be stricter than federal law and can only regulate what is within our purview.

While there is still controversy in the industry regarding who regulates what, her opinion is supported by the NASEMSO Air Medical Services Committee Summary document and in line with the proposed changes to the state regulations and pending federal legislation that is being created to address some of the confusion that exists.

- 1000.000 (II) Removed requirement for each permitted agency to first get permission from the State Health Officer to be permitted in Nevada. Added language stating each air ambulance service permitted by the District shall comply with all state law requirements.
  - 1000.005 (IV) Removed requirement for fixed wing & rotor wing services to have CAMTS accreditation. This is preempted by federal law. She added that if there is a national accrediting body that looks just at the medical aspects they would be happy to entertain that.
  - 1000.060 Certification of the Aircraft falls under the FAA's purview.
  - 1000.100 Air Ambulance Design
    - Deleted the language requiring the 2 engine requirement. This is considered an aircraft safety and operations issue that is preempted by federal law.
    - Added clarifying language with regard to what equipment we have regulatory authority over and that is medical equipment.
    - Removed language requiring 2 stretchers in a rotorwing aircraft. – There is a letter from the DOT to Hawaii talking about this issue and the state NAC currently does not require 2 stretchers in the aircraft either. Our attorney felt that is what we needed to do as well.
    - Wire Strike protection package and the searchlight those again fell within the prevue of the FAA.
    - Added clarifying language with regard to the survival equipment that was for the continuation of patient care so we could retain that.
    - Air Traffic control – falls under the FAA
  - 1000.400 Operation - the requirement to provide 24/7 coverage is preempted by federal law.
  - 1000.600 Maintenance – We did change the language to say that it is our expectation that you would be able to provide us with a copy of an annual maintenance certificate when requested to verify they are in compliance with FAA requirements.
- Revisions to Section 1600 “Medical Advisory Board”

Ms. Britt stated that there was an initial request made to add one individual from a non franchised ground ambulance service and one individual from an aeromedical service to the MAB. At the first workshop there was discussion to expand that to also include both the medical director and the operations direction so that would increase the number to 4 additional individuals and also clarifying language that that service needed to be part of the 911 system. Since that time she has received two letters, one from Karla Perez with The Valley Health System and one signed by the three CEO's of the HCA facilities requesting consideration of adding a hospital administrator member to the MAB.

Dr. Carrison questioned whether the hospital administrators currently have a committee.

Ms. Britt stated there is the ED/EMS Regional Leadership Committee that meets every other month and there was previously a Facilities Advisory Board (FAB). In 2005 the FAB was removed from the regulations and it was recommended by Dr. Sands at the time that they create a Community Health

Advisory Board and broaden the mission of that group to not just EMS but all of those issues within the Community Health Division which would include public health preparedness, epidemiology and injury prevention. That charter was approved by the FAB at the time but she couldn't find evidence that that group has met.

Dr. Carrison questioned the purpose of having a hospital administrator on the MAB.

Sam Kaufman, representing the Valley Health System stated that in 2005 he was the chair of the FAB when that Board was dissolved and part of his responsibilities on that Board was to actually maintain membership on the MAB. He felt there is a lot of cross over between what the MAB does and what the hospitals do and felt that there are a lot of the things that are discussed here that definitely impact the facilities and that having a hospital administrator from the community on the Board would definitely be a plus for the entire MAB.

Dr. Carrison felt that the MAB became a much more efficient process by simply addressing EMS issues by those medical directors and operation directors from the agency that they represent to strictly address EMS issues. He felt that the representation from the Hospitals should be done through a committee process with one representative to report to the MAB.

Todd Sklamburg, CEO at Sunrise Hospital and Sunrise Children's Hospital stated that when you look at quality you think of continuum of care and felt that one of the ways they can enhance the quality and outcomes of care for the entire community is blending the input from the physicians, prehospital providers and the hospitals together in one venue.

Dr. Homansky asked if there was any input from Dr. Iser. Ms. Britt stated that she and Dr. Young met with Dr. Iser who is the new Chief Health Officer to discuss the issue. He looked at the historical information as to how they arrived at where they are today with regard to the composition of the board and his feeling at this point is he would like the Board to remain as it is currently configured.

Dr. Bledsoe commented that in the last 5 years that he has been here he has seen a lot of progress and felt that this Board is just not the place for politicalization.

Dr. Homansky stated that it is good to know that our hospitals care and want to be involved in our process but felt that it has been a long transition to where para-medicine is now directed by paramedics in this community. He added that he couldn't agree more with everyone's concerns about making sure that this Board is not politicized.

Chief Vivier stated that the mission of the Board is to represent the interest of EMS and felt that they have done a good job of doing that. He stated that there are agencies that do respond 911 that are not represented on this Board and by keeping them off the Board is also a political statement. In the City of Henderson, Boulder City, and Mesquite they do not have franchises they have local ordinances and he recommended to allow the services that provide 911 responses to be represented with a medical director and operations director and that would include their air ambulance partners who are also integral to their scene. He added that he agreed with the comments that Dr. Carrison has said and supported the re-creation of the FAB.

Chief Tuke commented that when the air ambulance companies were denied a seat on the MAB several months ago an Air Ambulance Task Force was created and he meets with TriState CareFlight and Mercy Air on a monthly basis. He stated that he believes this meets the needs and is a good example of how things can work without expanding the Board.

Dennis Nolan, representing Community Ambulance stated that they have been in service now for three years and they are a fully licensed ALS and CCT service. They primarily provide interfacility services but they do operate within the 911 system for the park service and when asked as a backup to the Henderson Fire Department and Police Department and respectfully requested that the Board do consider this type of agency to participate on the MAB.

Dr. Young stated that as the Medical Director his job is to work as a liaison for the Chief Health Officer. The charge of this Board is to advise the Health Officer and to make sure that their standards of care, treatment protocols, and the care they are rendering the patients is evidenced based, strong and progressively growing and felt that they have done a fantastic job. He added that he has never had an issue with someone not feeling their voice is heard as the podium is always open at every MAB meeting. He

appreciated the input and felt that it needs to be heard but at the same time feels that the charge of this Board has been carried out very successfully and doesn't need to change.

Dr. Homansky asked if there was a motion from the MAB concerning Section 1600 and the composition of the Board.

Chief Vivier questioned that if Section 1600 was not to change would the term franchise agency also be or licensed locally by local ordinance which would allow those agencies that either have a license to provide 911 to be represented on the MAB.

Dr. Homansky stated that he believed that language is appropriate to include both but questioned if that would have an impact on the makeup of the Board.

Chief Vivier stated that it would add an operations and medical director for Community Ambulance. They are the only agency that is a licensed provider that does 911. It would exclude the air ambulances and it would exclude the hospitals at this current time.

Ms. Britt stated that they would like to take these regulations to the Board of Health (BOH) on November 26<sup>th</sup> and in order to do that they have to notice that public hearing in the newspaper 30 days ahead of time. It was their hope to have the entire document endorsed by the MAB. In fairness to Dr. Iser, he's been on the job 8 days and he was looking at historical information and he felt fairly strongly that given what had occurred up to this point and the fact that there is an avenue in particular for the hospitals he's very interested in talking to them about the possibility of reinstating the Community Health Advisory Board or the FAB. One option would be not to make any changes to this section of the regulations and leave the MAB as currently defined at this time knowing that after the first of the year we are going to have to come back to the regulations and address the POLST form and also another bill that was passed in the last legislative session related to special events. She added that the other option would be to consider the request of the hospitals and add language to put a hospital representative here or as Chief Vivier has indicated to accept a portion of this language suggesting that we change the existing language to also include municipal codes with franchise agreements.

Dr. Carrison stated that this has been a good discussion, they know Community Ambulance is out there and that needs to be addressed but the most efficient thing to do today as a group is to simply endorse the Board as it is currently formed knowing that they can go back then and have an agenda item to have discussion with regard to the definition.

Member Carrison made the motion to leave the composition of the Medical Advisory Board as it is currently defined in the EMS Regulations. Seconded by Member Hunter and carried unanimously.

Dr. Malone stated that this Board represents various agencies that are part of a chain of care and appreciated the fact that hospital and network CEO's are here taking a vested interest in what our agencies are providing and I would like to re-evaluate that kind of contribution by other agencies at a time in the future.

Dr. Slattery stated that with the motion of keeping the composition of the board the same he felt that part of that from a Health Districts standpoint is just identifying whether that is a semantics issue or not specifically with that language since there is no such thing as a franchise agreement in the City of Henderson for example. He clarified that so long as that motion does include the provision that we are still going to investigate that and find out whether that is semantics or not.

Mr. Hammond stated that there is some enabling language already existing in NRS 450B about ambulance permittee's and what they are allowed to do based on franchise, municipal code or local ordinance so the language is already there to enable us to make some of the changes. Not administratively but perhaps a housekeeping method of redefining that particular word.

Dr. Homansky asked Ms. Britt to continue reviewing the changes to the EMS Regulations.

Dr. Homansky asked for a motion to approve the EMS Regulations. Motion made by Member Slattery, seconded by Member Tuke and carried unanimously.

#### E. Discussion of Upcoming MAB meeting Schedule

The Board agreed to meet again on December 4, 2013 and then on February 5, 2014.

#### **IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

##### **A. Committee Report: QI Directors**

Dr. Young reported that a stroke case review was presented by UMC that was very educational. He added there are 2 other issues of discussion that the QI Directors are currently involved in: The first issue is tracking airway metric data for the entire system and he stated that efforts are continuing to try and pool that data and felt that progress is being made. The second issue is tracking the TFTC (Trauma Field Triage Criteria) data to see that the trauma patients are being appropriately cared for at trauma centers.

##### **B. Trauma Report**

Ms. Britt reported they had a follow-up phone conference with members of the American College of Surgeons Trauma System Consultation Team that was here in July of 2011. Dr. Homansky was part of that group as well as representatives from the trauma centers. There were four members from the original consultation team on that call as well. They looked at the 15 priority recommendations that were made by the team at that time and the good news is they have fully implemented or made substantially progress on a 3<sup>rd</sup> of those recommendations. There are others that we still need to make headway on and those are related to data collection and funding which continue to be a challenge for us. The RTAB meeting will be held on Wednesday the 16<sup>th</sup> at 2:30pm.

##### **C. Internal Disaster/Transfer of Care Monthly Reports**

Tabled

Dr. Homansky reported that his group the DMS-EmCare group and the Valley Health System will be hosting an EMS Conference on November 7<sup>th</sup> at the Suncoast Hotel and Casino that will cover the latest updates in anti-aging, marathon preparation and the street drugs of choice. Dr. Homansky stated there will be education credits for the paramedics and doctors and everyone is welcome.

Dr. Carrison commented on the timeliness of the EMS Conference with regard to Molly which is the pure form of MDMA, the main ingredient in Ecstasy which is often associated with electronic dance festivals. He noted that there has been a significant increase in emergency room visits and deaths on the east coast because of an adulterant being combined with MDMA and methylone. He added that there are bad drugs out there and as a para-medicine system what Dr. Homansky and his group are doing is tremendously important for all of our paramedics in EMS because we've got to keep up with what's going on out there. He advised everybody that they need to look at the use of benzodiazepines as an antidote when there is a suspicion for the contaminants in the MDMA with the methylone because it is going to come here just like everything else and people are going to die.

Dr. Young reminded everyone that the Las Vegas Marathon is being held on November 17, 2013. They are looking for volunteers to help in the medical tents on the course so if anyone is interested send him an email.

Dr. Slattery reported that he or Sarah McCrea from the City of Las Vegas will be sending out emails requests regarding the development of a public inebriate program for all of Southern Nevada. They are working together with all the public safety agencies as well as EMS and the hospitals so anybody that is interested in participating please let them know.

#### **V. PUBLIC COMMENT**

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Homansky asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

#### **VI. ADJOURNMENT**

There being no further business to come before the Committee, Chair Homansky adjourned the meeting at 12:41 p.m.