



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

February 05, 2014 – 11:00 A.M.

MEMBERS PRESENT

E.P. Homansky, MD, Chairman, AMR
K. Alexander Malone, MD, North Las Vegas Fire
Rick Resnick, EMT-P, Mesquite Fire & Rescue
Chief Thomas Miramontes, Las Vegas Fire & Rescue
Brandon Hunter, EMT-P, MedicWest Ambulance
Eric Dievendorf, EMT-P, AMR (Alt)
Chuck Gebhart, Boulder City Fire (Alt)

Tressa Naik, MD, Henderson Fire Department
David Slattery, MD, Las Vegas Fire & Rescue
Chief Troy Tuke, Clark County Fire Dept.
Chief Scott Vivier, Henderson Fire Department
Scott Morris, North Las Vegas Fire Dept (Alt)
Melinda Case, RN, RTAB Representative

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Chief Jeff Buchanan, North Las Vegas Fire Dept
Dale Carrison, DO, Clark County Fire Department
Tony Greenway, EMT-P, American Medical Response

Jarrod Johnson, DO, Mesquite Fire & Rescue
Bryan Bledsoe, DO, MedicWest Ambulance
Eric Anderson, MD, MedicWest Ambulance

SNHD STAFF PRESENT

Mary Ellen Britt, EMSTS Manager
John Hammond, EMS Field Representative

Christian Young, MD, EMSTS Medical Director
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Frank Simone, EMT-P, North Las Vegas Fire Dept
Clem Strumillo, EMT-P, Community Amb.
Abby Hudema, RN, UMC
Dorita Sondereker, RN, Mercy Air
Jason Driggards, AMR
Cathy Jones, VHS
Jim McAllister, EMT-P, LVMS
Melody Talbott, RN, UMC
Mike Seminoff, CSN
Tiffany Paquet, CSN
Veronika Vavrova, CSN
Isiah Tureaud, LVAPEC
Ian Beaman, CSN
William Hicks, CSN
Boyd Strassburg, CSN
Anna Long, CSN
Brandie Green, EMT-P, CSN

Gerry Julian, EMT-P, Mercy Air
Steve Johnson, EMT-P, MedicWest
August Corrales, EMT-P
Steve Krebs, MD, UMC
Cole Sondrup, MD, Community Ambulance
Robert Whitaker, Mercy Air
Victor Montecerin, EMT-P, LVAPEC
Magen Morris, CSN
Jason Burkhart, MWA
Hanna Kalb, CSN
Andy Totenniessen, LVAPEC
Michael Lipetri, LVAPEC
Holden Myers, LVAPEC
Oscar Ogaldez, Jr., CSN
Jordan Spears, MWA
Ashley Sheely, CSN

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, February 05, 2014. Chairman E.P. Homansky, MD called the meeting to order at 11:04 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: December 04, 2013

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Education Committee 01/15/2014

- Discussion of Field Training Officer (FTO) Training Program
- Discussion of EMS Instructor Update

August Corrales reported that on January 15th the Education Committee met to address 2 issues; the upcoming FTO Program and the EMS Instructor Update. The Committee did make several revisions to the student event evaluation form and also came up with a process for how to provide metrics for those evaluations. The next step is to break that out into a training program for the preceptors and their anticipated time to complete the FTO program is targeted for March or April of this year.

Ms. Britt reported that in the past the Health District sponsored the EMS Instructor update and advised the Board that they will not be able to do it in the same manner for this year. This was brought to the Education Committee to see if this is still necessary for the Health District to provide this instructor update education and the desire of the Committee was to proceed but in a smaller scale with local talent and focus just on the 4 hour instructor aspect. Dr. Homansky agreed and felt that they have enough talent here to have a great course.

B. Committee Report: Drug/Device/Protocol Committee 02/05/2014

- Review of Cardiac Arrest Protocols
- Review of Failed Airway Protocols
- Review of Spinal Immobilization Protocol
- Review of Procedure Protocols
- Discussion of Educational Pearls

Dr. Young reported that the Cardiac Arrest was one of the final protocols the DDP Committee was reviewing and as predicted there was a considerable amount of discussion. The result of the meeting and also the preceding workshop is that there is still some more work to do so they will be scheduling additional workshop time for this protocol.

He added that the Failed Airway Protocol came from the development of the Ventilation Management Protocol. In discussions at the workshop and also at the DDP Committee meeting, it was felt that they may actually be able to accomplish this process by not generating yet another protocol but continuing further down the algorithm of the Ventilation Management Protocol. Therefore, it was decided that the Failed Airway Protocols will go back to workshop for further discussion.

Dr. Young advised that the Spinal Immobilization Protocol came from a presentation that Dr. Bledsoe had made at the last MAB meeting regarding some of the current updated literature with spinal immobilization. It was decided that they are going to review what other systems are doing to determine how best to incorporate these new concepts into this system so that will be additional workshop time as well as offline time this month.

Dr. Homansky requested that when they have incorporated those new concepts into the Spinal Immobilization Protocol to have some representation from the nurse directors to make sure the transition works with no negative feedback.

Frank Simone reported that he was tasked to take the current Procedure Protocols and put them into the previously approved new format. He advised that any suggested changes or added language will be noted in red and the ones that are completely red are new procedures to consider for new protocols. He advised that they still need to go to workshop where they can accept or change any of the language listed and then they will go to the DDP Committee for final review before coming to this Board.

August Corrales reported that the Education Committee discussed the educational pearls and the process was to look at some of the Wake County protocols and well as the current protocols to provide the educational pieces. They went through approximately half of the protocols and will be submitting that up to DDP Committee for their review.

C. Discussion of Hold Short Process

Dr. Slattery presented a draft process for handling hold short situations in Clark County. He stated that he is coming forward as the voice for all agencies and not just Las Vegas Fire & Rescue (LVFR) because it is a common problem that all of them share. He started off by stating that calls come into the Fire Alarm Office (FAO) with signals of possible danger to the crews. Currently they have criteria to identify what those signals are and they implement what is called a hold short protocol where those calls are dispatched immediately and then the crews will hold short about 2 or 3 blocks away from the incident until law enforcement secures the scene and gives them the OK to go in. He then presented historical data showing the number of incidents where LVFR has held short in the past year and the undue time on task these situations incur. He referred to his Hold Short Draft Protocol and stated when a high risk call is taken the call taker will tell the primary public-safety answering point (PSAP), which would be Metropolitan Police Department (MPD), NLV Police Department., Henderson Police Department and/or Nevada Highway Patrol that this is potentially a life threatening call and to please expedite a unit to respond. The crews will be dispatched and staged 2 or 3 blocks away waiting for law enforcement to clear that scene. With all lower risk calls they will instruct the caller that they will respond as soon as scene is determined to be safe and the first safety net is for the call taker to tell them that if anything changes, they get worse in any way or the person that they are calling about gets worse in any way to call them back. The next step is the call taker will tell primary PSAP to notify them when they have a PD unit active on the call and as soon as they are in route or active, they will dispatch their crews.

He advised that they are currently working with MPD on computer interfaces between the primary and secondary PSAPs so they will know when they are active on a call but until that happens they will call the primary PSAP at 10 minute intervals to determine if law enforcement is active or not. They will do that a total of 5 times and at the 5th time they will just dispatch the call. He noted that this was discussed at the QA Committee earlier and there was no objection to moving forward with this protocol. The commitment he gave the QA Committee is that they will be reviewing every one of those calls and looking at outcome measures. Specifically they want to see the time to patient contact, currently and with the new protocol.

Dr. Homansky felt it was the right way for the system as a whole as long as they get back to this Board the QI and an evaluation of how it's going and if there are any issues that come up.

Member Slattery made a motion for the approval of the Hold Short Policy. Seconded by Member Morris and passed unanimously.

D. Discussion of Physician Orders For Life-Sustaining Treatment (POLST)

Dr. Young reported that Assembly Bill 344 was unanimously passed by Nevada Legislature giving authority behind the concept of the POLST form. The POLST is intended to be honored by any health-care provider who treats the patient in any health-care setting. He stated that their job now from the MAB standpoint is going to be to implement this and support the crews who are responsible for honoring these forms and move forward with the

education. He advised the Board that there is a living will lockbox maintained by the Secretary of State's office where copies of advance directives will be kept confidentially and readily available to the patient's health care provider. Dr. Young encouraged the ER physicians to reach out to their colleagues to make sure they all have access to this lockbox. He added that the process of going through the livingwilllockbox.com and registering as an authorized provider is not that difficult and that you can register as an administrative contact where you can oversee logins for individuals.

Chief Vivier questioned if the POLST guideline will be making a way into the current protocols. Dr. Young answered in the affirmative. Ms. Britt stated that her office is in the process of revising their regulations to allow for the recognition of the POLST form. She added that Sally Hardwick, Chair of the POLST Coalition provided her with a PowerPoint educational program on POLST and would be happy to send it to each of you so we can be consistent on how we educate our providers. Dr. Homansky added that the bill was passed in October but it is not due to rollout until March.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Committee Report: QI Directors

Dr. Young reported that the QI Directors Committee met prior and had a great presentation on Pediatric Trauma from Eric Dievendorf from AMR and Abbey Hudema from UMC and thanked them for their input. He added that Dr. Slattery presented his Hold Short Process and the QI Committee was in agreement that it was a good policy to move forward with. There will also be a quality assurance aspect to the Hold Short Process by collecting and reviewing the data to look at outcome measures. He reported that there was an issue recently in terms of the data that we collect and rely on to see how this system is doing overall. Since the Health District is a public agency and because Nevada is very progressive in its transparency laws some of that data is subject to be discoverable and come out into the public eye when it is requested. The process of maintaining peer review in any kind of medical and care related arena is so very important and unfortunately some of the transparency laws have affected that.

Dr. Slattery added that this caught all of them off guard and felt it was important to re-emphasize when data is shared as an agency and as a participant in the EMS system and in terms of the goal to improve patient care and quality it should be peer review protected. It hampers the ability to have honest dialog and share data openly which is the right thing to do in terms of looking at the whole system. He added that he looks forward to discussions about data sharing agreements and specifically about correctly identifying this data as peer review protected data.

B. Trauma Report

Ms. Britt reported that the Regional Trauma Advisory Board (RTAB) met on January 15th and the top item for discussion was trauma system funding so the Trauma System Advocacy Committee (TSAC) meeting is scheduled on February 11th to begin the discussions of identifying sustainable funding sources. In addition the RTAB directed a workgroup to begin review of the Trauma Performance Improvement Plan, and that workgroup met on November 20th. A draft of the Trauma Performance Improvement Plan has been created and reviewed by Trauma Medical Audit Committee however they are waiting for the new publication of the Resources for Optimal Care for the Injured Patient by the American College of Surgeons Committee on Trauma before moving forward. The RTAB has now focused on the Trauma System Plan and that workgroup will meet on February 25th and Ms. Britt welcomed anybody who was interested to participate. She added that they are seeking nominations for the following non standing RTAB member seats whose terms will expire in June:

Public Relations / Media

General Public

Health Education and Prevention Services

Administor from a Non-Trauma Center Hospital

Payors of Medical Benefits for the Victims of Trauma

System Financing/Funding

Ms. Britt stated that they hope to have those nomination forms back by February 13th so they can move on in the process.

C. Internal Disaster/Transfer of Care/Mental Health Holds Monthly Reports

Mr. Hammond advised the Board of a new format for the collection of data for internal disaster; transfer of care (TOC); and mental health holds which is drawn at 7:00am every morning from the EMS system. He reported that all numbers for the month of January 2014 have increased when compared to January of 2013.

Mr. Hammond noted that the EMS system added a survey for influenza like illness and only 2 facilities reported that data which was UMC and North Vista Hospital.

Dr. Slattery asked if this report could be sent to the MAB members. Mr. Hammond answered in the affirmative.

D. ED/EMS Regional Leadership Committee Update

Dr. Homansky noted that the Committee did not meet this month so there will be report.

Ms. Britt advised the Board that in the past an agreement for the Transfer of Care (TOC) software has been paid by the area hospitals and the EMS agencies and managed through the Nevada Hospital Association (NHA). She has been advised by the NHA that they will no longer manage that agreement so it will be the Health District's responsibility and asked for their commitment to continue to pay their \$311.11 to help support the TOC software that is currently being used. The Board answered in the affirmative.

Dr. Homansky stated that this was all a legislative directive and if there is a lot of push back it may need to go back to the legislature to let them know. Ms. Britt stated that at one point there was talk about revisiting this mandate with the legislature since everything has been running smooth and the transfer of care has been made part of the daily operations.

Dr. Slattery stated that it is still a huge problem and he would support and encourage us to continue to keep the TOC and track that data. Dr. Homansky agreed and added that just the tracking of the data helps the TOC.

Ms. Britt stated that she appreciated that direction and they will move forward with invoicing the area hospitals and EMS Agencies for their share of the maintenance agreement. She added that by law the TOC Committee should meet on a quarterly basis to discuss the data but it has been difficult having a quorum present.

Dr. Homansky suggested the TOC Committee be a standing item on this Board and for discussion because most of the key people are at least available to this Board either in the audience or up here so maybe that can be changed. Stakeholders can come to this meeting whether it's 4 times a year or twice a year and this would be an agenda item. Ms. Britt agreed.

Dr. Young acknowledged Dr. Slattery and Dr. Bledsoe who are speaking at EMS Today which is a very large national conference involving clinical and operations starts today in Washington DC.

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 Board, Chair Homansky called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn at 11:54 a.m.