



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

October 07, 2015 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Chairman, CCFD
Bryan Bledsoe, DO, MWA
Tressa Naik, MD, Henderson Fire Department
K. Alexander Malone, MD, North Las Vegas Fire
Chief Robert Horton, Las Vegas Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
Chief Lisa Price, North Las Vegas Fire
Brandon Hunter, MedicWest Ambulance

David Slattery, MD, LVF&R
E.P. Homansky, MD, AMR
Jarrod Johnson, DO, Mesquite Fire & Rescue
Ketan Patel, MD, Boulder City Fire Dept.
Tony Greenway, American Medical Response
Troy Tuke, Clark County Fire Dept.
Jim Kindel, Boulder City Fire Dept.

MEMBERS ABSENT

Chief Rick Resnick, Mesquite Fire & Rescue

Kim Dokken, RN, RTAB Representative

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Gerald Julian, EMS Field Rep
Heather Anderson-Frank, Associate Attorney

Christian Young, MD, EMSTS Medical Director
Judy Tabat, Recording Secretary
Joseph Iser, MD, Chief Health Officer

PUBLIC ATTENDANCE

Mike Barnum, MD, AMR
Sarah McCrea, LVFR
Dineen McSwain, UMC
Jim McAllister, LVMS
Frank Simone, NLVFD
Mark Calabrese, CCFD
Jen Renner, HCA
Chuck Weeks, GEMS
Rebecca Carmody, CSN
Catherine Jones, VHS
Kristine Browder, CSN / MW
Frank Bruno, CSN
Ryan Nimmo, CSN
Daniel Juarez, CSN
Dan Musgrove
Scott Bourn, AMR/Evolution Health

Eric Anderson, MD, MWA
Cole Sondrup, MD, Community Amb.
Ryan Bezemer, Community Amb.
Glenn Glaser, MW
Steven Carter, AMR
Derek Cox, LVFR
Daniel Llamas, HCA
Abby Hudema, UMC
Dorita Sondereker, Southern Hills
Brandie Green, CSN
Nathaniel Boyer, CSN
Joshua Pulley, CSN
Levi Paragas, CSN
Barb Stolfus, TSCF
Kathy Millhiser, Southern Hills

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 07, 2015. Chairman Dale Carrison, DO called the meeting to order at 11:00 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. Chairman Carrison noted that a quorum was present.

Dr. Carrison introduced Ketan Patel, MD as the new Medical Director for Boulder City Fire Department.

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 Carrison 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 Carrison 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: August 05, 2015

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

III. CHIEF HEALTH OFFICE REPORT

Dr. Iser reported that he attended a city council meeting at which the City of Las Vegas gave the Health District redevelopment funds for the new Health District building in the amount of \$200,000.00. He added that the new building is on track and the Health District will start moving in December.

He reported that the Health District issued a press release and has been working with the FBI and Metro with regard to an unlicensed provider apparently running a clinic. He's advertised on Craig's lists and on several websites. The Health District has set up an 800 number that is in conjunction with FBI and Metro for anyone who has accessed these services.

He announced that a 501C3 has approved a side account for EMS and Trauma so that any donations to this would be set aside for use in EMS and Trauma and that they would be tax deductible to the full extent of the law.

Dr. Iser announced that two weeks ago was his 2nd year anniversary date and the Board of Health did offer a 2 year extension on his contract with a pay raise which should be confirmed by the regular board meeting on this Friday.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Education Committee (10/07/2015)

Final Approval of the Field Training Officer (FTO) Preceptor Forms

Mr. Simone reported that the recommendation from the Education Committee is for the approval of the SNHD Paramedic Mentorship/Internship Program. This will be the conclusion of a 5 year process in regard to the standardization of how FTOs will be evaluating and documenting internships in the field. He referred to the handouts which include the content of the program and the evaluation forms to document those encounters in the field as well as the internship as a whole. The recommendation is to have this approved by this Board.

Chief Vivier questioned the time line for implementing this new process. Chairman Carrison suggested leaving it up to the agencies and set a time when this has to be done. Mr. Hammond suggested a sunset date for July 1, 2016. The Board agreed.

Chairman Carrison asked for a motion for the approval the Southern Nevada Health District Paramedic Mentorship/Internship Program and Evaluations forms to replace the current Field Evaluation forms which will sunset on July 1, 2016. Motion made by Member Slattery, seconded by Member Tuke and carried unanimously.

B. Committee Report: Drug/Device/Protocol (DDP) Committee (10/07/2015)

1. Final Review of the Hostile Mass Casualty Incident Protocol

Dr. Bledsoe referred to the Draft Hostile Mass Casualty Incident protocol handout which primarily involves law enforcement and the fire departments. This protocol has been approved by the DDP Committee with added language under the "No" branch of the Draft Hostile MCI protocol, in the 1st bullet point to read: "If trained and properly equipped as per the Southern Nevada Fire Operations (SNFO) 11 Policy."

Chairman Carrison asked for a motion to approve the Draft Hostile Mass Casualty Incident Protocol with the added language. Motion made by Member Tuke, seconded by Member Malone and carried unanimously.

2. Review of the Non-Emergency Field Assessment Form

Dr. Bledsoe reported that this was a proposal brought forth by the fire departments functioning in a first response role to be able to clear from a low priority alpha level call when a transport ambulance is in route. He advised the Board that Dr. Slattery and his workgroup have done a very good job of defining that subset of patients and the Committee agreed upon the release form which is in the Board's handouts. He added that this will not be mandatory for the fire departments. The only modification was adding of the time that the vital signs were obtained and also a typographical correction. The Committee felt it was a good use of resources and better for the community and asked that the MAB accept the First Response Low-Risk Alpha Evaluate and Release Form.

Chairman Carrison asked for a motion to accept the "First Response Low-Risk Alpha Evaluate and Release Form" with the added change. Motion made by Member Naik, seconded by Member Malone and carried unanimously.

C. Workshop Report: Community Paramedicine Education (09/02/2015)

Mr. Simone reported that they had several individuals speak as well as Las Vegas Fire & Rescue (LVFR) submitting a potential curriculum. After considerable discussion pertaining to the variety of the content, the curriculum that was suggested through the workshop was a 74.5 hour didactic component with a 44 hour clinical component in which LVFR wishes to engage. At this particular time there is no national formal curriculum so they are going to continue to explore the different contents.

Dr. Slattery stated that the workgroup was charged last meeting to bring forward what they thought the gaps were in the community, and what programs they are going to initiate with the idea that the Health District would settle on a foundation of minimum level of training before initiating a community paramedicine program. He advised that their team met and came up with a curriculum framework that included what they thought were the current needs to incorporate into their community paramedicine program. The needs included decreasing the frequent 911 user patients, the very complicated repeat patients, and the chronic public inebriate, mental health patients that are in the system. Given that very complicated patient they thought it was important for the curriculum to be heavily weighted on social service resources in the community as well as how to navigate those complex waters of mental health, addiction, homelessness as well as non-compliance. He introduced Dr. Scott Bourn from Evolution Health whom he served with on the National Association of EMS Physicians (NAEMSP) Board.

Dr. Bourn stated that this clinical practice of community paramedicine within a large or mobile integrated health network is really new and it's hard to figure out what the system itself will be delivering. One of the reasons why NAEMSP and other professional organizations have shied away from creating clinical guidelines is because they are unclear what will happen and what nurses, physicians, pharmacists, or EMT's will do as part of those systems. He added that the approach this Board has taken is spot on which is to be deliberative, to have your focus pre-eminently on what the competencies of the clinicians are in the system. He felt that once you can get your arms around that the education piece is then easy to conceptualize. He offered his services to help if needed.

Mr. Hammond requested that the Board refer the education portion of the Community Paramedicine Program to the Education Committee.

Dr. Carrison made a formal recommendation that this be sent to the Education Committee.

D. Workshop Report: Declination of Transport (09/04/2015)

Dr. Slattery reported that they started this discussion back in June with regard to emergency department (ED) capacity as well as EMS capacity in an overburdened 911 system and strategies to help with both those processes. One of the items that they discussed was the ability to challenge them as medical directors to start thinking beyond being able to take a patient to the hospital or signing them out against medical advice (AMA) because those are the only choices by protocol currently. He stated that they need to build an infrastructure and a protocol to support a third disposition alternative for those low risk patients who don't want to go to the hospital and the providers that are on scene believe the patient doesn't need to go to the hospital. They were directed by the MAB to hold a workgroup which they held on 9/4/15 that included the medical directors and EMS leadership. He added that they need consensus from a medical direction standpoint to identify those patient situations, patient types, and calls that would be appropriate for not transporting to the hospital. They envision that there is a spectrum of patients that they would encounter and once those are defined the rest of the patients are just low risk

patients. The main goal of the meeting was to emerge with a big picture idea of where they want to go in terms of creating this protocol. The goal of the next process and the next workgroup is to focus on what he calls “Shared Decision Making” for those patients. He stated that he looks forward to continue to work on this process and invited all the EMS medical directors and EMS leadership to join them at the next meeting to be announced.

E. Brain Injury/Spinal Injury Education in the Pre-Hospital Setting to be Referred to the Education Committee

Mr. Hammond stated that during the last Regional Trauma Advisory Board (RTAB), Dr. Michael Seiff, a Neurosurgeon with the Spine & Brain Institute expressed concern about Emergency Medical Services personnel and their ability to identify traumatic brain injury and spinal injury in patients. He remarked that the issue was brought up in a meeting that was attended by various EMS personnel representing three of the permitted agencies. He impressed upon the Board that there should be further training and education on this topic and that he would make himself available to assist with these efforts. He also requested that the topic be added to the agenda of the Medical Advisory Board Meeting to be referred to the Education Committee.

Dr. Carrison felt that the best action for this would be to refer it to the Education Committee and then ask him to present what his concerns were and then after that they education committee can decide what action if any they would like to take.

F. Transfer of Care (TOC) 3rd Quarter Report

Transfer of Care Compliance by Facility, Clark County NV

| | Total TOC | Noncompliant TOC | Compliant TOC | Compliance Rate (%) |
|-------|-----------|------------------|---------------|---------------------|
| Total | 29,373 | 7,110 | 22,263 | 75.8% |

Transfer of Care Time Completion by Facility, Clark County NV

| | Total TOC | TOC not completed by ED | TOC completed by ED | Completion Rate (%) |
|-------|-----------|-------------------------|---------------------|---------------------|
| Total | 29,373 | 16,342 | 13,031 | 44.4% |

Transfer of Care Time Outlier Report by Facility, Clark County NV

| | Total TOC | TOC Outlier | < 0 Min | 0-1 mins | 1-2 mins | 2-3 mins | 3-4 mins | 4-5 mins | >= 5 hrs |
|-------|-----------|-------------|---------|----------|----------|----------|----------|----------|----------|
| Total | 33045 | 3672 | 79 | 336 | 694 | 950 | 917 | 695 | 1 |

G. Internal Disaster 3rd Quarter Report / Mental Health Holds 3rd Quarter Report

Mr. Julian reported the average hours per day for internal disaster (ID) for third quarter 2015 which he compared with the third quarter of 2014.

| | July | August | September |
|------|-------|--------|-----------|
| 2014 | 13.56 | 6.68 | 8.27 |
| 2015 | 23.44 | 21.93 | 19.15 |

Mr. Julian reported the daily average of mental health holds for third quarter 2015.

| | Total L2K's | Inpatient | Emergency Dept. | Awaiting SNAMHS |
|-----------|-------------|-----------|-----------------|-----------------|
| July | 241 | 115 | 121 | 129 |
| August | 240 | 120 | 131 | 123 |
| September | 243 | 123 | 140 | 125 |

H. Public Workshop for Revisions to the Draft EMS Regulations

Mr. Hammond referred to the Draft EMS Regulations in the Board’s handouts. He advised the Board that this meeting would serve as the 2nd public workshop on the regulations. The majority of changes are related to Community Paramedicine as defined in AB305, 2015 Nevada Legislative session, Administration of an Opiod Antagonist as defined in AB158, 2015 Nevada Legislative session and the Auto-Injectable Epinephrine as defined in SB459, 2015 Nevada Legislative session. He 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]~~
- Comments related to all revisions are shown in the margins

Mr. Hammond read through the changes in the Forward, Terms and Conventions, Table of Contents, and Sections.

Chief Vivier felt that the “0.7 percent” in the Significant Number definition on page 18 , should be clarified to so they understand that it is 7/10ths of a percent and it should read 0.007 (number of attendees x 0.007).

Mr. Hammond agreed and stated he would make that change.

Chairman Carrison questioned if there were any concerns or public comment, hearing none he asked for a motion for approval of the EMS Regulations with the discussed change. Motion made by Member Vivier, seconded by Member Malone and carried unanimously.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

- Mr. Julian presented the Transfer of Care data
- Dr. Young presented Las Vegas STEMI activities
- L2K Updates
- Ms. McCrea reported Westcare will be doing a tentative ribbon cutting for their new facility at the end of October. There will be changes at Westcare and additional resources in the community to handle that substance abuse mental health population. She added that they do have the alternative destination protocol for mental health that we will be piloting with Westcare’s new facility once they open.

B. Mission: Lifeline Update

Dr. Young reported that the Mission: Lifeline® is a social network designed to provide healthcare and quality improvement professionals involved in ST-elevation myocardial infarction (STEMI) and Cardiac Resuscitation System of Care a place to collaborate and share resources. He added that with our interface with EMS, the hospitals, and our community, STEMI care is really one of those things that embody what we do in EMS. What this initiative is looking at is making that interface much more seamless. He felt that they are lucky in this community where a lot of facilities are 24/7 365 PCI centers, but not all of our centers are, so what that does is transition that care to interfacility transfer of these patients. The hospital door to balloon time of 90 minutes was a good place to start but now the transition is moving more towards first medical contact at the actual patient scene to a device application to open up that blocked artery. That pushes the envelope a lot and unfortunately a lot of what gets pushed is hospital processes. It creates a lot more accountability for EMS crews as well to do this. It really brings EMS into the realm of the hospitals and creates that cross pollination. So this initiative is basically looking at that and getting stakeholders to the table to identify ways we can decrease delays, process delays and increase our cooperation amongst agencies. He advised the Board that the actual launch for the program is going to be on November 14th where they will start putting the process in place. They will be developing a regional STEMI plan for Clark County a one size fits all program and encouraged everyone to attend.

Dr. Homansky reported that his group the DMS-EmCare group and the Valley Health System will be hosting their annual EMS Conference on the subject of “Innovative Approaches to Treat Stroke” on November 12th at the Suncoast Hotel and Casino.

VI. 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 Carrison asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

VII. ADJOURNMENT

There being no further business to come before the Board, Chairman Carrison called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn at 12:13 p.m.