MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

February 03, 2016 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Chairman, CCFD
Bryan Bledsoe, DO, MWA
Tressa Naik, MD, Henderson Fire Department
Cole Sondrup, MD, Community Ambulance
Chief Robert Horton, Las Vegas Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
Brandon Hunter, MedicWest Ambulance
Brian Rogers, Community Ambulance
David Slattery, MD, LVF&R (via phone)
E.P. Homansky, MD, AMR
Ketan Patel, MD, Boulder City Fire Dept.
Frank Simone, North Las Vegas Fire (Alt)
Tony Greenway, American Medical Response
Troy Tuke, Clark County Fire Dept.
Jim Kindel, Boulder City Fire Dept.

MEMBERS ABSENT

Jarrod Johnson, DO, Mesquite Fire & Rescue
K. Alexander Malone, MD, North Las Vegas Fire
Chief Rick Resnick, Mesquite Fire & Rescue
Chief Lisa Price, North Las Vegas Fire
Kim Dokken, RN, RTAB Representative

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor
Heather Anderson-Fintak, Associate Attorney
Judy Tabat, Recording Secretary
Christian Young, MD, EMSTS Medical Director
Gerald Julian, EMS Field Rep
Annette Bradley, Attorney

PUBLIC ATTENDANCE

Mike Barnum, MD, AMR
Sarah McCrea, LVFR
Eric Dievendorf, AMR
Steve Johnson, MWA
Brandie Green, CSN
Daniel Llamas, Sunrise Hospital
Jim McAllister, LVMS
Nancy Cassell, CSN
Dineen McSwain, UMC
Devon Eisma, Mercy Air
Syd Selitzky, HFD
Jon Klassen, CCFD
Mark Calabrese, CCFD
Steve Krebs, MD, UMC
Eric Anderson, MD, MWA
Sam Scheller, Guardian Elite
Ryan Bezemer, CA
Dorita Sondereker, Southern Hills Hospital
Brian Anderson, CA
Henry Kokoszka, Henderson Fire
Carl Bottorf, Lifeguard Int'l
Derek Cox, LVFR
August Corrales, JTM
Monica Manig, HFD
Kathy Millhiser, Southern Hills Hospital

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in Red Rock Conference Room at The Southern Nevada Health District on Wednesday, February 03, 2016. Chairman Dale Carrison, DO called the meeting to order at 11:05 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.

Mr. Hammond welcomed Dr. Cole Sondrup and Brian Rogers from Community Ambulance as new members of the Medical Advisory Board.

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.

A. Approve Minutes/Medical Advisory Board Meeting: December 02, 2015

B. Discussion to Expand the Use of Ketamine for Pain Management to be Referred to the Drug/Device/Protocol Committee

Item B. of the consent agenda, "Discussion to Expand the Use of Ketamine for Pain Management to be Referred to the Drug/Device/Protocol Committee" was moved from the Consent Agenda to Report/Discussion/Possible Action.

Chairman Carrison asked for a motion to approve the December 02, 2015 Minutes of the Medical Advisory Board. *Motion made by Member Tuke, seconded by Member Naik and carried unanimously.*

III. CHIEF HEALTH OFFICE REPORT

Mr. Hammond stated that Dr. Iser is on vacation and asked him to give a report:

Dr. Cassius Lockett, Director of Community Health has accepted a position at San Mateo County Public Health and the Health District is actively recruiting to fill his position.

Michelle Nath, EMS Program/Project Coordinator has accepted a position in the Administration Office at the Health District so there will be an open position in the EMSTS Office.

Mr. Hammond stated that Dr. Iser spoke with Richard Whitley, Director of the Department of Health and Human Services and he is entertaining the idea yet again of moving the Trauma Registry to the Health District for management and analysis

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Education Committee (11/04/2015)

1. Discussion of Community Paramedicine Curriculum

Mr. Simone reported that an Education Workshop was held in December where they came up with a basic outline for a Community Paramedicine curriculum and brought it to the Education Committee for review. He referred to the outline of the curriculum in the handouts and stated that it was an Community Paramedicine entry level program that consists of 75.5 total hours. The program is module based that is broken down to 51.5 didactic and 24 clinical hours in a public health setting. He added that there was also a recommendation from the Committee to set as a standard an individual who engages in Community Paramedicine have a minimum of 3 years experience at the Paramedic level. The recommendation from the Education Committee is to approve this curriculum as presented.

Chairman Carrison asked for a motion to approve the Community Paramedicine Curriculum as presented. Motion made by Member Vivier, seconded by Member Kindel and carried unanimously.

2. Discussion of the Removal of "Spinal Immobilization – Supine Patient" from the Skills Proficiency Record

Mr. Simone stated that this discussion wasn't specifically on the spinal immobilization skill but a discussion to decide if the Skills Proficiency Record as a whole was an effective document for skills proficiency. The recommendation from the Education Committee is to send this to workshop to evaluate the 21 items on this Skills Proficiency Record to make sure they are adequate to properly evaluate the medic from a licensing and recertification standpoint.

Chairman Carrison asked for a motion to form a Workshop to evaluate the SNHD Skills Proficiency Record. Motion made by Member Simone, seconded by Member Tuke and carried unanimously.

B. Committee Report: Drug/Device/Protocol Committee (02/03/2016)

1. Discussion of New American Hospital Association (AHA) Guidelines
2. Discussion to Expand the Use of Ketamine for Pain Management to be Referred to the Drug/Device/Protocol Committee

Dr. Bledsoe reported that he reviewed the new AHA guidelines and (3) items for discussion were brought to the DDP Committee for consideration:

- AHA changes that pertain to EMS
- The necessity or lack thereof of a cardiac arrest protocol for pregnant patients with an emphasis on manual lateral uterine displacement
- Review the use of pain medications in the SNHD system with tickler emphasis on evaluating the possibility of adding Ketamine in a sub-dissociative dose for analgesia.

The DDP Committee agreed to refer these discussion points to a workshop. The general charge of the workshop is to review the protocols for potential changes, prepare draft protocols to present back to the DDP for review and then based on the actions of the Committee, move to the MAB for approval.

Chairman Carrison asked for a motion to form a Workshop to evaluate the SNHD protocols for potential changes including the (3) items discussed. Motion made by Member Bledsoe, seconded by Member Vivier and carried unanimously.

C. Discussion Regarding the New Legal 2000 Form and Process as Directed by the Nevada Legislature Senate Bill 7 (SB7)

Dr. Slattery advised the Board that Dr. Green had a family emergency and was unable to participate.

Dr. Carrison stated that the information is in the Boards handouts. There is a letter from Dr. Green dated December 4, 2015 with regard to the new legal 2000 form, L2K2. The L2K2 form is attached along with a copy of Senate Bill 7 from the Committee on Health and Human Services. He added that the new Westcare facility is open and he understood that people could transport directly to that facility.

Dr. Young stated that the issue is primarily the medical clearance part of the bill. Before it was just a physician and so off hours the place where you are going to find a physician to do a medical clearance exam is in the emergency department (ED).

Dr. Carrison stated that Westcare has the ability to do that 24/7 at their facility with a nurse practitioner and asked if any of the agencies were transporting to WestCare.

Dr. Bledsoe stated that the problem is under the current reimbursement scheme, EMS service won't be reimbursed if they go to WestCare because it is not an acceptable transport destination.

Dr. Carrison questioned if WestCare has changed their policy with regard to finances. Ms. McCrea stated that Westcare does have reimbursement relationships now with Medicaid and managed care organizations. She added that since there already is the Chronic Public Inebriate (CPI) Protocol for alternative destination and somebody is under the influence with metro on scene and they start that legal 2000 process, to stop them and ask them not to. They will transport them directly to Westcare. There is a number that is for Westcare and their charge nurse has a cell phone on their hip and they are to answer it at all times, it is for law enforcement and EMS providers only. They want all of their EMS and law enforcement traffic to come to their Maryland campus and then they will do all the transport between all the other locations.

Dr. Carrison suggested asking WestCare to come and make a presentation specifically on mental health for the next Medical Advisory Board meeting.

Mr. McCrea stated that some of the feedback she has received from the floor is for clarification in the CPI Protocol and in general with regard to conflicts with patient preference.

Mr. Hammond stated that as patient advocates, they should direct them to the best facility for their condition. But at the end of the day they make their own healthcare decisions.

Dr. Slattery stated that in the Chronic Public Inebriate (CPI) Protocol it states to bring those patients to the closest hospital regardless of their choice because they can question the patient's decision making.

Dr. Bledsoe stated that as he understood to take somebody against their will they had to be legalled or had to be arrested by a licensed peace officer.

Mr. Hammond stated that even if they are legalled they still have the right to decide where they are going. Their rights have to be removed by a court.

Chief Vivier stated that in the Transport Destinations Protocol, it specifically identifies Patients transported to an emergency department in accordance with the Chronic Public Inebriate Protocol shall be transported to the closest facility.

Mr. Hammond felt that CPI Protocol needs to be reviewed.

Dr. Carrison felt it was complex because at what point of intoxication can they question the patient's decision making. This is a decision made by healthcare provider to determine if you are a danger to yourself or others. It can be for drugs and alcohol but not for a legal 2000.

Ms. McCrea asked for clarification from the Health District with regards to the protocols in terms of patient choice.

Dr. Carrison agreed with Mr. Hammond stating that the CPI Protocol needs to be reviewed.

D. Discussion to Change the Alpha Evaluate and Release Protocol to an AEMT Level

Dr. Slattery referred to the First Response Evaluate/Release Protocol and the First Response Low-Risk Alpha Evaluate and Release Form in the handouts that were previously approved by this Board. The calls that they use this protocol on are all Alpha level calls so they are sending AEMTs to those calls. This protocol is currently listed at the Paramedic level but felt the decision making is well within the AEMT scope of practice. They have purposely built this protocol with many safety nets in place to capture that patient that may be sick and needs constant attention. He requested that this Board make this at the AEMT level.

Dr. Bledsoe questioned how they determine decision making capacity.

Dr. Slattery stated that they teach all of their providers that patient has to be awake and alert and they have to understand what they are telling them. They frame this usually in informed decision makings such as against medical advice. There is language on the bottom of the consent form that the medic is required to read verbatim that says: "We have assessed and examined you and have determined your condition as NOT THREATENING TO LIFE/LIMB. With your permission, we will return to service so we may be available in the case of another emergency. An ambulance is continuing to respond. If you condition worsens in any way, call 9-1-1." The patient can choose not to release the crews and they will have to stay and wait. AMR and MedicWest is already en route but they have a little longer response time.

Dr. Bledsoe questioned how they do this with non English speaking patients.

Dr. Slattery stated that this is currently for English speaking patients; they do not have a Spanish form on this.

Dr. Carrison questioned if this would be just for City Fire or for anyone else who should wish to use this.

Dr. Slattery stated that the reason they went through this process is that we believe there may be other jurisdictions that would like to use, that is why we went thru this whole process. When this was approved by the MAB, it was approved to be used by all jurisdictions for that first response.

Mr. Hammond requested that any other agency that would like to use this particular protocol notify the Health District of their intension to use it, your start date and your end date if you choose to stop using it. This notification chain has broken down in the past and he would prefer it not happen in this particular regard.

Dr. Slattery stated that this protocol exists in our protocols right now; we are not asking to change this protocol except for the designation. The only request we are asking for is to change the level of paramedic. It's a really good point by Dr. Bledsoe and the question is do we want to develop a specific Spanish version of the consent form we could do that and probably will do that. We will be happy to take the lead on that but let's not confuse what this request is today. If there is a language barrier, we are not going to do the consent process.

Member Slattery made a motion to change the level of provider for the "first response evaluate and release" from a paramedic level to the AEMT level. Seconded by Member Greenway and carried unanimously.

E. Transfer of Care (TOC) 4th Quarter Report

Mr. Julian reported that FirstWatch had some issues in the month of December where the TOC was showing call volumes above 100 in a day which was not correct so he is unable to confirm how accurate this information is.

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	43,636	16,826	26,810	61.4%

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not completed by ED	TOC completed by ED	Completion Rate (%)
Total	43,636	34,184	9,452	21.7

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	47647	4011	273	685	572	869	858	705	49

F. Internal Disaster 4th Quarter Report / Mental Health Holds 4th Quarter Report

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

	October	November	December
2014	11	8.94	13.57
2015	12.53	13.32	29.99

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

	Total L2K's	Inpatient	Emergency Dept.	Awaiting SNAMHS
October	213	110	116	102
November	208	106	110	99
December	270	99	103	90

Dr. Carrison stated that there are significant differences in the definition of "Internal Disaster" (ID). If you are closed for capacity that is not truly an ID, but an active shooter in the hospital lobby would be a true ID. He stated that they are looking at terminology and handed the discussion over to Dr. Naik.

Dr. Naik stated that her mission is to go to the State and actually change Internal Disaster that is not a true ID to Code Resource on the EMSystem because it is a resource issue. In Henderson, they are particularly sensitive to this because most of the hospitals are on ID every single day so it is not true ID. She stated that she wants to make things clear for the medics and felt the best way to do this is to clear up the terminology. For those that are on "capacity" or "diversion" they would need to change it to Code Resource. The hospitals would have to put the reason why they are going on Code Resource which would give better information to the County and the Health District. She asked for this Board's support and she will give a report on what is occurring with that at the next MAB.

Dr. Young stated that the EMSystem is a very capable program and they don't use it as much as they should. Dr. Naik agreed stating the hospitals are not using it effectively as they could.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Committee Report: QI Directors (02/03/2016)

Dr. Young reported that there was no proper case review scheduled, but had a discussion about an IO study that started back in 2012 at Henderson Fire. Chief Vivier stated that study is still ongoing and will pass on the information as to current statistics for the next meeting. He added that they had a quick discussion on the First Response Treat and Release Protocol which will be a standing item on the QI Agenda to review the metrics and any fallouts. Dr Young discussed an issue with Mission Lifeline and the concerns over prehospital EKGs in STEMI care. According to their data, only 42% of all STEMI patients from EMS have EKGs attached to charts, and only 17% of all interfacility transfers brought in by EMS have EKGs from EMS on their charts. He believes this to be an issue with the abstractors and how the process happens so he is hoping to meet with the actual data abstractors at the next meeting.

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 Board. 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; *motion made by Member Tuke, seconded by Member Vivier and passed unanimously to adjourn at 12:00 p.m.*