



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING

April 05, 2017 – 11:00 A.M.

MEMBERS PRESENT

Tressa Naik, MD, Chairperson, HFD	Jim Kindel, BCFD
Logan Sondrup, MD, Community Ambulance	Brian Rogers, Community Ambulance
Chief Kim Moore, HFD	Chief Troy Tuke, CCFD
David Slattery, MD, LVFR	Eric Anderson, MD, MWA
Matthew Horbal, MD, Mt Charleston FD	K Alexander Malone, MD, Vice Chair NLVFD
Mike Barnum, MD, AMR	Kim Dokken, RN, RTAB Representative
Brian Anderson, Community Ambulance	Jeff Davidson, MD, MWA
Melanie Ondik, Community Ambulance	E.P. Homansky, MD, AMR
Frank Simone, NLVFD	Chief Lisa Price, NLVFD
Greg Schowen, MWA	Brandon Hunter, AMR

MEMBERS ABSENT

Ketan Patel, MD, BCFD	Jarrold Johnson, DO, Mesquite Fire & Rescue
Sean Dort, MD, RTAB Representative	Chief Rick Resnick, Mesquite Fire & Rescue
Dale Carrison, DO, CCFD	Chief Jon Stevenson, II, LVFR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director	Joseph Iser, MD, Chief Health Officer
Laura Palmer, EMSTS Supervisor	Scott Wagner, EMSTS Field Representative
Heather Anderson-Fintak, Associate Attorney	Gerald Julian, EMSTS Field Representative
Michelle Loel Stanton, Recording Secretary	

PUBLIC ATTENDANCE

TJ Smith, HFD	Debra Dailey, EMSTC
Scott Selco, MD, PhD	Syd Selitzky, Paramedic, HFD
Sam Scheller, GEMS	Vicki Walker, VHS
Naomi Wilson, RN, VHS	Raj Agrawal, MD, VHS
Brandie Green, CSN	Jim McAllister, LVMS
Carl Bottorf, Lifeguard International	Sam Kaufman, Henderson Hospital
Glenn Glaser, MWA	

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Red Rock Trails Conference Room at the Southern Nevada Health District on Wednesday, April 5, 2017. Chairperson Tressa Naik 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. Chairperson Naik noted that a quorum was present.

Service Recognition:

Syd Selitzky, Paramedic, Henderson Fire Department, Medical Services Officer

Chairperson Naik presented Ms Selitzky with an award of appreciation for the more than 20 years of service she provided to Las Vegas and the surrounding communities. On behalf of the Board, Chairperson Naik thanked Ms Selitzky her for hard work and dedication and wished her the best of luck in her future endeavors.

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. Chairperson Naik asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Dr. Young introduced Dr. Matt Horbal, Medical Director for the Mt Charleston Fire Department as a new member to the Medical Advisory Board.

Brandon Hunter introduced Greg Schowen, Operations Manager for Medic West Ambulance as a new member to the Medical Advisory Board.

Seeing no one else, Chairperson Naik closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairperson Naik 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: February 2, 2017

Chairperson Naik asked for a motion to approve the February 2, 2017 minutes of the Medical Advisory Board meeting. A motion was made by David Slattery, seconded by Troy Tuke, and carried unanimously to approve the minutes as written

B. STEMI Receiving Criteria to be Referred to Drug/Device/Protocol Committee

Chairperson Naik informed the Board that the purpose of this item is to decide when a new hospital will be allowed to receive STEMIs. She suggests that new hospitals be open a minimum of six months and have a cath lab that includes on call 24/7 cardiology for STEMIs. Dr. Slattery added that resuscitation care should also be considered as the two are closely linked.

Chairperson Naik asked for a motion to refer STEMI receiving criteria to the Drug/Device/Protocol Committee for further review. A motion was made by Troy Tuke, seconded by David Slattery and no members were opposed. The motion carried.

C. Alternate Transport Mode to Transport Receiving Facility to be Referred to Drug/Device/Protocol Committee

Chief Tuke reported that LYFT has approached CCFD with the idea of transporting patients who are not in need of 9-1-1 care. LYFT has signed a national contract with AMR but nothing has been decided at the local level. Chief Tuke said that once the details have been decided this item should then be referred to Drug/Device/Protocol Committee.

Dr. Slattery announced that the City of Las Vegas is going to be launching a pilot program on July 17th that will be using nurses at the 9-1-1 call center to screen out individuals who do not need ambulance transportation. Once it is determined that emergency transport is unnecessary, and the patient does not have

other transportation available, they will be referred to either LYFT or Uber for transport. Mr. Hunter added that it is his understanding that this service will be for individuals who are checking out of the hospital and do not have transportation home and not at the call center level.

III. CHIEF HEALTH OFFICE REPORT

Dr. Iser reported that the EMS & Trauma System funding does not appear to have been approved and is going to be referred for further study. Other important issues before the Legislature include BMI for chronic disease management and separating the north and south labs organizationally, functionally, and legislatively which would make SNHDs lab a county health lab and that would allow for more autonomy and a greater response to the community.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Proposed Changes to the Medical Advisory Board Bylaws

Ms Palmer reported to the committee that an addition to the Medical Advisory Board bylaws should be made in order to keep all committee bylaws consistent. Addition to be made as follows: *Section 3. Alternates - "Each standing member may designate an alternate member(s) to serve in their place should they be temporarily unable to perform the required duties. All requests must be made in writing to the OEMSTS."* She advised the Board that this is a voluntary designation of an alternate and that it should be an individual with decision making capabilities.

Chairperson Naik asked for a motion to approve the addition to the Medical Advisory Board Bylaws. *A motion was made by E.P. Homansky, seconded by Troy Tuke and no members were opposed. The motion carried.*

B. Review/Discuss Rapid Arterial Occlusion Evaluation (RACE) Tool

TJ Smith gave a presentation on the RACE method of stroke evaluation. The Rapid Arterial Occlusion Evaluation (RACE) is the most recent scale developed. The goal of the RACE method is to more accurately identify stroke severity and localizing the area affected by the stroke. RACE includes: facial palsy, arm motor function, and leg motor function among other symptoms. This evaluation method was chosen because it is fairly similar to the Cincinnati Prehospital Stroke Assessment that is currently in use and therefore would require less training along with a possible better outcome for the patient. Responders have been trained with the RACE tool which is an AHA validated prehospital assessment.

Dr. Scott Selco of St. Rose Dominican Hospitals gave a presentation on a LVO Stroke pilot project that was conducted in conjunction with Henderson Fire Department. This report included code white data which had been evaluated for the past six months and was found to be fairly good. Dr. Selco found the RACE tool to be an effective pre-hospital tool. More eligible strokes were treated, DTN improved, there were no CT contrast issues, and it is Dr. Selco's opinion that the LVO process should be implemented valley wide as soon as possible.

Dr. Raj Agrawal of Spring Valley Hospital and Valley Hospital reported that he had started a similar program last year. It is a RACE tool with a gaze deviation. Spring Valley and Valley Hospital treated 82 LVOs with the Cincinnati score of 2 with gaze deviation and had an 82% correlation with large vessel occlusions. They had an 85% success in removal of the clot.

After a considerable amount of discussion it was decided to refer this item to the Drug/Device/Protocol Committee to decide on both a NIR destination protocol and a stroke protocol that will be used in the field.

Chairperson Naik asked for a motion to refer the Rapid Arterial Occlusion Evaluation (RACE) tool to the Drug/Device/Protocol Committee. *A motion was made by David Slattery, seconded by Troy Tuke and no members were opposed. The motion carried.*

C. Committee Report: Education Committee

03/01/17 Meeting:

1. Review/Discuss EMS Instructor Course Curriculum

Mr. Simone reported that the course curriculum will follow the Department of Transportation guidelines for Secondary Instructor and Primary Instructor. A Secondary Instructor would have a transitional period of two years to complete a bridge course and become an EMS Instructor I or EMS Preceptor if that is their intent. Several committee members voiced concerns with limiting the instructor designations to EMS Instructor I and EMS Instructor II. It was thought that a third designation of Preceptor was going to be added to the existing designations. After a considerable amount of discussion, the committee decided to refer the EMS Instructor Course Curriculum back to the Education Workgroup for further review.

2. Review/Discuss Proposed Changes to the Existing SNHD Internship/Preceptor Program Including Changes to the Major Evaluation Form

Mr. Simone reported that the workgroup had discussed changing the quantity of grading for documentation in the Internship/Preceptor program. Currently SNHD's Internship/Preceptor program document states "Successful completion of this phase requires the paramedic intern to have completed 90% or greater of the patient contacts or scenarios evaluated." The workgroup suggested the 90% be changed to 80% or greater.

3. Review/Discuss Proposed Changes to the SNHD EMS Instructor Process Including Name, Criteria, and Course Content

This item was tabled for the next scheduled Education Committee Meeting.

04/05/2017 Meeting:

1. Review/Discuss Proposed Changes to the Education Committee Bylaws

Frank Simone reported to the committee that an addition to the Education Committee bylaws should be made in order to keep all committee bylaws consistent. Addition to be made as follows: *Section 3. Alternates - "Each standing member may designate an alternate member(s) to serve in their place should they be temporarily unable to perform the required duties. All requests must be made in writing to the OEMSTS."* The committee approved the change and refers to this Board for final approval.

2. Review/Discuss EMS Instructor Course

See item 4 for details.

3. Review/Discuss Proposed Changes to the Existing SNHD Internship/Preceptor Program Including Changes to the Major Evaluation Form

Frank Simone confirmed with the Committee that this item was approved during the March 01, 2017 Education Committee Meeting and did not need to be addressed again at that time.

4. Review/Discuss Proposed Changes to the SNHD EMS Instructor Process Including Name, Criteria, and Course Content

Mr. Simone advised the Board that the Education Committee recommends that the instructor titles be changed from Primary and Secondary Instructor to EMS Instructor I and EMS Instructor II which will be consistent with both the fire industry and National Association of EMS Educators terminology. Next, the EMS Instructor I will consist of a minimum 16 hours course content including skills evaluation and no lecture in the didactic portion. EMS Instructor II will consist of 24 hours course content, include a monitored lecture presentation, there will be no portfolio requirement, and the one year wait requirement to move from a level I to a level II instructor will be removed. Applicants must also hold a current instructor I endorsement before attending an instructor II course.

Chairperson Naik asked for a motion to approve all suggested changes from the above mentioned 03/01/17 and 04/05/2017 Education Committee Meetings. *A motion was made by E.P. Homansky, seconded by Logan Sondrup and no members were opposed. The motion carried.*

D. Committee Report: Drug/Device/Protocol Committee (03/01/17)

1. Review/Discuss Nomination for Vice-Chair

Dr. Barnum called for nominations for Vice-Chair. As there were none, Mr. Hammond advised the committee that a nomination form can be sent via email and the matter can be discussed further at the next scheduled meeting.

2. Review/Discuss Adult Intraosseous Access by Advanced EMTs

Dr. Slattery stated that this was discussed at previous MAB meetings and was approved unanimously at the committee level. Las Vegas Fire & Rescue believe that in allowing AEMTs to start IOs they would be maximizing both the use of staff and their skill set. Dr. Slattery suggested that this be a voluntary decision to be made by the individual agencies.

Dr. Davidson asked if this would be a tibial and/or humerus placement and would it be allowed for both adults and children.

Dr. Young advised the Board that from a medical device standpoint that anywhere the FDA approves its use it can be used.

Chief Tuke advised the Board that his agency gathered data on the average number of IOs placed in 2015, 2016 and to date for 2017 with the result showing less than two a day. With 60 paramedics in service daily, there is a concern for skill degradation in all staff. He suggested training placement in the humeral head prior to authorizing AEMTs to place IOs at all.

Chairperson Naik asked for a motion to approve Adult Intraosseous Access by Advanced EMTs. A motion was made by David Slattery, seconded by Logan Sondrup and no members were opposed. The motion carried.

3. Review/Discuss Schedule for Periodic Review of Protocol Manual

Dr. Young would like to review the manual as it was done previously; take approximately five of the care protocols and review them during a Drug/Device/Protocol meeting. As an alternative, protocols could be chosen, dispensed to committee members to review outside of the meeting and then members can come prepared with suggested revisions to the next scheduled meeting.

4. Review/Discuss Develop Protocol for Addition of EKG Receiving Capable Facilities

Dr. Young reported this would best be added as the STEMI receiving facilities are updated at a later date.

E. OEMSTS 1st Quarter 2017 Reports

1. Transfer of Care

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	49,685	16,045	33,640	67.7%

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	49,685	32,236	17,449	35.1%

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

	Total TOC	TOC	< 0 min	0-1 mins	1-2 mins	2-3 mins	3-4 mins	4-5 mins	≥ 5 hrs
Total	54,320	4,635	20	687	682	1,003	1,122	1,117	4

2. Internal Disaster 4th Quarter Report

	January	February	March
2016	57.21	69.52	65.52
2017	25.15	20.13	11.62

3. Mental Health Holds 4th Quarter Report

	Total L2Ks	Inpatient	Emergency Dept	Awaiting SNAMHS
January	258	118	140	106
February	259	113	146	111
March	239	108	132	91

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Tabled

B. Committee Report: QI Directors (04/05/17)

Tabled

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. Chairperson Naik asked if anyone wished to address the Board.

Dr. Slattery stated that he needed additional clarification on the addition to the bylaws as previously passed during this meeting. The question is does a physician held board position need to be filled by a physician alternate? Dr. Slattery stated he does not support the motion if the alternates are not filled with like personnel.

Ms. Palmer advised that the alternate would need to be someone that has decision making capabilities for the agency in the member's absence. She also reminded the Board that no agency has to assign an alternate this is only an option for those who would like to take advantage of utilizing an alternate.

VII. ADJOURNMENT

There being no further business to come before the Board, Chairperson Naik called for a motion to adjourn. A motion was made by Troy Tuke, seconded by Jim Kindel, and carried unanimously to adjourn at 12:45p.m.