



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

October 5, 2016 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Chairman, Clark County Fire Dept.
Tressa Naik, MD, Vice Chair, Henderson Fire Dept.
EP Homansky, MD, American Medical Response
Logan Sondrup, MD, Community Ambulance
K. Alexander Malone, MD, North Las Vegas Fire Dept.
Eric Anderson, MD, MedicWest Ambulance
Mike Barnum, MD, American Medical Response
Brian Anderson, Community Ambulance
Jim Kindel, Boulder City Fire Dept.
Brandon Hunter, MedicWest Ambulance

David Slattery, MD, Las Vegas Fire & Rescue
Tony Greenway, American Medical Response
Chief Lisa Price, North Las Vegas Fire Dept.
Jarrod Johnson, DO, Mesquite Fire & Rescue
Kim Dokken, RN, RTAB Representative
Chief Kim Moore, Henderson Fire Dept.
Mark Calabrese, Clark County Fire Dept.
Chief Jon Stevenson II, Las Vegas Fire & Rescue
Bryan Bledsoe, DO, MedicWest Ambulance
Chief Rick Resnick, Mesquite Fire & Rescue

MEMBERS ABSENT

Brian Rogers, Community Ambulance
Paul Stepaniuk, MSO, Henderson Fire Dept
Troy Tuke, Clark County Fire Dept.

Ketan Patel, MD, Boulder City Fire Dept
Frank Simone, North Las Vegas Fire (Alt)
Sean Dort, MD, RTAB Representative

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor
Tony Fredrick, MD
Gerald Julian, EMSTS Field Representative
Michelle Loel Stanton, Recording Secretary

Christian Young, MD, EMSTS Medical Director
Michael Johnson, Ph.D
Heather Anderson-Fintak, Associate Attorney
Judy Tabat, EMSTS Program/Project Coordinator

PUBLIC ATTENDANCE

James Bunting, CSN
Devan Hui, CSN
Gage Cheney, CSN
Edward Smith, CSN
Luis Mendez, CSN
Daniel Llamas, HCA
Jim McAllister, LVMS
Sean Friedland, HFD
Chris Stachyra, Mercy Air
Jason Driggars, AMR/MWA
Michelle Spott, Southern Hills Hospital
Alexis Mussi, Southern Hills Hospital
Karen Hughes, MFR

Jen Renner, HCA
David Bower, CSN
Chris Espinosa, CSN
Eric Gil, CSN
Justin Montague, CSN
Kathy Millniser, HCA, Southern Hills
Mark Merrifield, HFD
TJ Smith, HFD
Dineen McSwain, UMC
Joy Stoops, St Rose
Glenn Glaser, MWA
Steve Johnson, MWA
Aria Flatau, CSN

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, October 5, 2016. Chairman Dale Carrison called the meeting to order at 11:02 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.

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: June 1, 2016

Chairman Carrison asked for a motion to approve the June 1, 2016 minutes of the Medical Advisory Board meeting. A motion was made by EP Homansky, seconded by David Slattery, and carried unanimously to approve the minutes as written.

III. CHIEF HEALTH OFFICE REPORT

No report given.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Alternate Receiving Facility Criteria for EMS

John Hammond stated a draft protocol for transporting patients to alternate receiving facilities has been provided to everyone as part of the handout packet. It is the recommendation of staff that this protocol be forwarded to the Drug/Device/Protocol Committee for further evaluation and then bring it back to the Medical Advisory Board in the December meeting.

Mr. Hammond stated that Southern Hills Hospital will be parenting the alternate receiving facility. They have provided the health district with assurances as to the capabilities of having a CT scanner, board certified or board eligible emergency room physicians, nurses and requisite staff at the facility and also an on-site ambulance for potential transports. They also indicated they do not expect to see any more than 6% patient flow from EMS. The criteria to maintain their alternate receiving facility status is going to be spelled out in a letter directed to Adam Rudd. That draft letter has already been approved by Dr Iser. The hospital has already integrated an EM system, EMS radio system, and they will have to participate on an as needed basis with QA initiatives. If they do not follow these guidelines, they will lose their alternate receiving status. After that, per usual process, they will have 90 days to have the facility staffed at 90%. Mr. Hammond encouraged everyone to take a look at the Nevada Journal of Public Health as published by the University of Las Vegas in regard to health care access in the community.

Dr. Carrison expressed concern about the transportation of patients to the remote emergency departments as an alternate destination criteria. Dr. Carrison's concerned that if the facility does not have the equipment needed to treat a patient they would have to be transported to the hospital thereby causing a delay in care. He stated the primary reason the EMS system works is because patients are taken to a receiving facility, which is a hospital, one that has all the proper facilities.

Dr. Naik stated it is her understanding that the remote emergency departments will be staffed by emergency physicians if they are associated with a hospital. She also stated she will need a better understanding of the remote

emergency department capabilities are before making transport decisions. Dr. Naik also recommended referring the protocol to the Drug/Device/Protocol Committee for further evaluation.

Dr. Homansky stated that by legislative edict these are remote emergency departments because they are an extension of the hospital's emergency department and that everyone on duty has to have the same privileging as someone working in the hospital emergency department.

Alexis Mussi, COO at Southern Hills Hospital stated that their provider based emergency room is absolutely a department of the hospital. She also stated that the way Nevada regulated these remote emergency rooms is that it has to be within 25 miles of the hospital and have all the same capabilities as the hospital emergency room. She also stated there are very strict regulations of services to be provided including; CT, lab services and a pharmacy.

John Hammond and Dr. Carrison make a recommendation to send the draft protocol for transporting patients to alternate receiving facilities to the Drug/Device/Protocol Committee for further evaluation at their November meeting.

B. OEMSTS 2nd & 3rd Quarter Reports - Gerry Julian

1. Transfer of Care

Transfer of care compliance was 70.7% compared to 75.8% the first quarter of this year. Transfer of care time of completion 36.9% compared to 44.4% the first quarter of this year so just a little below but nothing really outstanding there.

2. Internal Disaster

Internal disaster statistics were significantly lower during the 3rd quarter of last year; 3.2 compared to 24.4 in July. 4.2 hours this is an average internal disaster per day compared to 21.9 in 2015. September was 8.4 compared to 19.1 in 2015 so the hospitals are doing a good job about staying open to EMS traffic.

3. Mental Health Holds

No big changes to the L2K stats. There is still a L2K problem in this county.

C. Discussion of Nominations for Chairman/Vice-Chairman

Mr. Hammond notified the group that Medical Directors, Operational Managers or anyone else who is a member in good standing can hold the position of Chairman or Vice-Chairman as defined by regulation 1600. In order to nominate a member, fill out the nomination form and then send it to the EMS office, either electronically or physically. Voting will occur during the December meeting at which time the gavel will switch to whoever is voted in as the new chair. Vice-chair will be selected as well from the nominating forms so be sure to select vice-chair or chair. Dr. Naik will be automatically entered.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update (10/05/16)

Tabled

B. Committee Report: QI Directors (10/05/16)

Dr. Young stated that Dr. Slattery chaired the Committee meeting this morning in his absence. Dr. Young stated there was a discussion regarding transfer of unstable, unsecure, non-definitive and a few other terms, which are used to refer to airways in our protocols. If a prehospital crew member is unable to secure an endotracheal tube, that was considered an unstable airway and, regardless of transport destination, the patient should go to the closest possible treating facility. In some cases where you can bag the patient but maybe it was not the stable airway or you could bag and ventilate the patient but in the paramedic's judgment it is was still not a stable airway. On the other hand, there are cases where the paramedic felt there was a stable airway but the long transport time to the definitive care was now taken into question. Dr. Young suggested that the protocols use the same vernacular that is being used in the

emergency departments to avoid any confusion. He would like this issue to be forwarded to the Drug/ Device and Protocol Committee to make recommendations for the Medical Advisory Board December meeting with regard to any language change.

Dr Bledsoe stated that these protocols across the country use the term is “unable to ventilate.”

C. Presentation on Rapid Arterial Occlusion Evaluation (RACE)

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 and a possible better outcome for the patient.

Dr Slattery congratulated the Henderson Fire Department, Dr. Naik, TJ Smith, and the entire Henderson community for doing an amazing job with regard to this matter.

D. Presentation from Nevada Donor Network

Pam Star, partner liaison for the Nevada Donor Network, provided a video presentation about her organization. The procurement of organs is done through their Organ Procurement Organization. Organs include eyes and tissue, as well as other major organs. In an effort to increase donation, Nevada Donor Network’s goal is to partner with other organizations and agencies to help educate them on what the Nevada Donor Network does.

E. Discussion of DNR/POLST

Dr. Young commented on the lack of use of the POLST forms in the community. He stated more outreach to rehab, outpatient and other facilities may need to occur in order to shift them from the use of DNR forms to POLST forms. He also stated he is going to try to work with the Nevada POLST coalition to increase utilization of that form.

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.

Dr. Slattery welcomed the CSN students and thanked them for attending the meeting. He also advised the group of Sara McCrea ‘s promotion to executive staff and notified them that she will no longer be attending these meetings. Sara as well as Alexandria formed a non-profit company called CHIPS. It is a community health improvement program, a navigational tool of the complex social problems that the EMS crews encounter with patients.

When patients have problems from a social standpoint the CHIP students, in collaboration with UNLV School of Public Health and Social Service, try to solve some of those problems. Dr Slattery congratulated them on being awarded the Nevada Public Health Association program of the year just last week.

VII. ADJOURNMENT

There being no further business to come before the Board, Chairman Carrison called for a motion to adjourn. A motion was made by Tessa Naik, seconded by Bryan Bledsoe, and carried unanimously to adjourn at 12:18p.m.