



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

PRIORITY DISPATCH TASK FORCE

March 5, 2008--10:00 A.M.

MEMBERS PRESENT

David E. Slattery, MD, Chairman
Jason Meilleur, EMT-P, AMR/ MedicWest Ambulance
Allen Marino, MD, MWA
Scott Vivier, EMT-P, HFD

Chief Bruce Evans, NLVFD
Steve Herrin, LVFR
Sandy Young, RN, LVFR
Troy Tuke, EMT-P, CCFD

MEMBERS ABSENT

E.P. Homansky, MD
Walt West, EMT-P, BCFD

John Higley, EMT-P, Mesquite Fire
Rob Richardson, EMT-P, HFD

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
Mary Ellen Britt, RN, Regional Trauma Coordinator
Judy Tabat, Administrative Assistant

John Hammond, EMS Field Representative
Trish Beckwith, EMS Field Representative
Lan Lam, Recording Secretary

PUBLIC ATTENDANCE

Alex Malone, MD, NLVFD
Fil Ontivenous, Mesquite PD
Brian Young, EMT-I, AMR
Ron Tucker, EMT-P, MWA
Michael Tyler, EMT-I, NLVFD
Stefano Lattino, EMT-I, MWA
Melissa Ermeno, ZOLL Medical
Jeff Manning, CSN

Brian Proffit, EMT-I, AMR
Brian Rogers, EMS Training Officer, HFD
Yahya Alwakza, EMT-B, HFD
Nick Hulbert, EMT-I, MWA
Oscar Ramos, EMT-I, AMR
Janell Young, EMT-P, AMR
David Sharp, CSN
C.J. Larsen, Mesquite PD

I. CONSENT AGENDA

The Priority Dispatch Task Force convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, March 5, 2008. Chairman David E. Slattery, M.D. called the meeting to order at 10:07 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Slattery noted that a quorum was present.

Minutes Priority Dispatch Task Force Meeting September 6, 2006

Dr. Slattery asked for approval of the minutes of the September 6, 2006 meeting. A motion was made, seconded and passed to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Discussion of Emergency Medical Dispatch-ASA Card

Dr. Slattery stated that the Aspirin Diagnostic Instruction tool for medical priority dispatch (ASA Card) was previously approved by the MAB, but due to issues raised by the dispatch centers it was brought to the Task Force for further discussion. He explained that the ASA Card is used when patients are suspected of having a heart attack, questioning involves ruling out patients who are allergic to aspirin or have internal bleeding. Steve Herrin was asked to lead the discussion.

Mr. Herrin stated that he identified a missing part to the card. Mr. Herrin noted that according to the National Academy of Emergency Medical Dispatch, there are three answers to every question: "Yes," "No" and "I don't know." Unfortunately, the card only addresses "Yes" and "No" answers. Mr. Herrin related that there are people who are not aware whether or not they are allergic to aspirin. Mr. Herrin stated he has been advising his call takers to assume the answer is "Yes" when the caller states he does not know in an effort to minimize the risk of an adverse reaction.

When running mock questioning periods, Mr. Herrin found that the diagnostic tool increases the time the call taker is on the phone anywhere from a few seconds to a few minutes depending on the availability of aspirin in the house. Based on the number and types of calls taken over the last quarter, year and two years, he projects he will need to increase his staff if call takers are delayed for a longer period at least 10% of the time. Dr. Slattery asked if Mr. Herrin brought any supporting data. Mr. Herrin stated he did not, but explained that from a timing standpoint the current diagnostic tool only takes a few seconds. If the question, "Is the patient allergic to aspirin, or ever had a bad reaction?" is answered with "Yes" or "I don't know," then the call is basically over. On the other hand, if the call taker runs through the entire protocol, he/she could be waiting several minutes while the caller goes searching for aspirin. Ms. Young pointed out that Mr. Herrin's scenario is based on the assumption that "I don't know" is "Yes." If "I don't know" results in the administration of aspirin then the time spent with the caller would be extended. Dr. Slattery concurred and stated that he does not feel anyone would disagree that "I don't know" should be treated as "Yes." In fact, if any questions listed on the diagnostic tool such as, "Has he/she vomited blood or coffee ground materials in the last 24 hours?" is answered with "I don't know," it is assumed to be "Yes." It's an education issue for the dispatchers.

Mr. Herrin expressed concern with regard to putting other potentially serious calls on hold while determining an allergy to aspirin when the response time is quick enough for the medics to make the determination when they arrive. Chief Bruce Evans asked if there are clinical benefits to administering the aspirin while waiting the 6-8 minutes that it would take a unit to arrive on scene. He believes it would be premature to require the administration of aspirin before

reviewing the QA in the field. Dr. Slattery agreed and stated that at the time the Board voted on the issue there wasn't any input from the dispatch center.

Chief Evans related that Susie Kochevar expressed concerns with the Spanish speaking population. In order to process those calls, the call taker needs to access a language line which will increase the delay. Other problems were identified such as a caller that is illiterate, or medications that are not labeled. Dr. Slattery asked if Mr. Herrin had a rough estimate of the percentage of rural patients complaining of chest pain, because the value of giving aspirin will be for this subset of patients due to the longer response times. Mr. Herrin responded that he could get that information. Dr. Slattery asked if the rural calls could be treated differently than the urban calls. Mr. Herrin replied that it could be done, but it would break the intent of consistent application of process.

Scott Vivier gave an example stating that Card 33 is authorized by medical control. He stated that the Fire Alarm Office does not use the card, but Henderson Fire Department does. He asked whether local jurisdiction is able to have the option to use the ASA Card in the same manner as Card 33. Rory Chetelat stated that the Health District's standpoint would be to keep consistency within the system. He acknowledged that he liked the idea of the rural patients receiving aspirin prior to ambulance arrival but the Health District does not want different levels of care across different parts of the community. He stated that an exception was made for Card 33, but he would like the subcommittee to make a recommendation to the Medical Advisory Board to approve a policy that will be accepted system-wide unless there is an extenuating circumstance.

Dr. Marino made a motion to revise the ASA Card to include the following: 1) Any "unknown" response for Questions 1-3 will default to a "Yes" response; 2) The ASA diagnostic and instruction tool will be implemented when Cards 10 and 19 are used and the estimated EMS response time is greater than twenty minutes; and 3) The ASA diagnostic and instruction tool can be used in conjunction with Cards 10 and 19 if a caller inquires about ASA use. The motion was seconded and passed unanimously by the subcommittee.

Mr. Herrin stated that he would send a letter from Las Vegas Fire & Rescue to the National Academy regarding the recommended change to make any "unknown" responses "yes."

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Ms. Young stated that in the last couple of weeks, fire crews have been responding to emergency calls at medical facilities. Upon arrival, crews are finding that they were called to transfer a patient from one medical facility to another. Crews are finding that interfacility transfer arrangements have already been made but were delayed; so to speed up the process, they're dialing 9-1-1. This leads to a fire truck responding that can not transport. Jason Meilleur stated that if the facility attempted to schedule with the private transporting agency and for whatever reason it didn't happen within the timeframe anticipated, it is an education issue. He suggested that the fire departments forward the crews' reports to him for QA review so he can address the education aspect. Ms. Young asked whether it is appropriate for the fire truck to leave the scene in this situation. If not, how long do they need to wait? Mr. Meilleur assured her that he will discuss the issue with MedicWest and AMR so they can proactively communicate with the medical facilities.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

V. ADJOURNMENT

There being no further business, Dr. Slattery adjourned the meeting at 10:49 a.m.