



AMENDED MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

PRIORITY DISPATCH TASK FORCE

October 12, 2011—09:00 A.M.

MEMBERS PRESENT

Chief Troy Tuke, Chairman, Clark County Fire Dept. Derek Cox, EMT-P, Las Vegas Fire & Rescue
Mark Calabrese, EMT-P, AMR (via phone) Steven Herrin, Las Vegas Fire & Rescue
Scott Morris, EMT-I, North Las Vegas Fire Dept.

MEMBERS ABSENT

Chief Scott Vivier, Henderson Fire Dept. Jo Ellen Hannom, RN, Clark County Fire Dept
Thomas Miramontes, Las Vegas Fire & Rescue

SNHD STAFF PRESENT

John Hammond, EMS Field Representative Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Gerry Julian, EMT-P, Mercy Air Jeff Buchanan, EMT-P, NLVFD

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

The Priority Dispatch Task Force convened in the HR#2 Conference Room at the Ravenholt Public Health Center on Wednesday, October 12, 2011. Chief Tuke called the meeting to order at 9:05 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. Chief Tuke noted that a quorum was present.

I. PUBLIC COMMENT

None

II. CONSENT AGENDA

Chief Tuke stated the Consent Agenda consisted of matters to be considered by the Priority Dispatch Task Force that can be enacted by one motion. Any item may be discussed separately per Task Force member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes Priority Dispatch Task Force Meeting March 5, 2008

Chief Tuke asked for approval of the minutes of the March 5, 2008 meeting. A motion was made, seconded and passed to approve the minutes as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Potential Changes to EMD Priorities Regarding Card #1 Abdominal Pain/Problems for Patients \geq 35 Years Old

Discussion of Item A was included as part of discussion of Item B

B. Discussion of Potential Changes to EMD Priorities Regarding Card #12 Convulsions/Seizures

Chief Tuke reported that he has been working with the Emergency Medical Dispatch (EMD) Committee over the last couple of months and they have brought up concerns with two of the dispatch cards. The first issue is for card #1, Abdominal Pain/Problems. He explained that on multiple occasions when the Medics have arrived on scene for an alpha abdominal pain for a patient \geq 35 years old they end up doing a cardiac workup. Their request is that the dispatch code be changed from an alpha to a bravo for these patients because a lot of the alpha calls are covered by ILS units that won't have the capability to do a 12 lead EKG. The other issue is for card #12, Convulsions/Seizures being an alpha call. They have been on several seizure calls over the past 6 or 7 months that when they got there the patient was still actively seizing, so in the interest of patient care they would like to change this from an alpha and make it a bravo call. He added that he brought this to the Medical Advisory Board (MAB) in September and they referred it to this subcommittee for a recommendation.

Derek Cox agreed and stated that he feels it's time to review all alpha responses because some of the code 3 returns are from alpha calls.

Chief Tuke reported that the dispatchers depend on the lay person to accurately answer the questions in a minute or less trying to meet the requirements that are placed on them to get the unit out and questioned why the alpha level would be placed on seizure and abdominal pain calls with that requirement on the dispatchers. Mr. Hammond stated that the dispatcher have to be dependent on the information they get from the caller because that is the only information they have. When you are not interrogating the caller in an appropriate manner you will get bad information and questioned if the problem is rushing the dispatcher. Steve Herrin clarified that rushing a call taker does not exclude them from running a protocol.

Chief Tuke stated that he was not addressing rushing the dispatcher and stated that they do a great job whether it's in a minute or two minutes. He added that they are not looking at the whole system; they're looking at 2000 out of the 30,000 calls and felt that the EMD Committee's concerns are valid and this Task Force needs to start reviewing these issues. He feels that it has been proven time and time again by the Medics in the field that because it was an alpha call it took 20 minutes and the patient was still in status seizure when they arrived.

Mr. Hammond added that Dr. Slattery wants a data driven system and for this Task Force to make a recommendation we need to quantify how many times we've had to actually upgrade these alpha level seizure or abdominal pain calls.

Chief Tuke agreed and asked Mr. Herrin if he could run a report to see how many alpha upgrades they had from the seizure and abdominal pain calls for the last two years. Mark Calabrese asked if that report could also include code 3 returns. Mr. Herrin answered in the affirmative.

Chief Tuke stated that this Task Force will schedule another meeting prior to the next MAB for a recommendation.

Mr. Herrin added that he would like to send a request to the National Academy of Emergency Medical Dispatch (NAEMD) for an Abdominal Pain/Problems protocol change to change the

(Female ≥ 45 , male ≥ 35) to anybody 35 or older regardless of sex. Chief Tuke agreed. Mr. Herrin asked if Dr. Slattery would be able to sign the protocol for everybody since he is Las Vegas Fire & Rescue's Medical Director. Mr. Hammond felt that this should go through the Medical Advisory Board (MAB). Chief Tuke asked Mr. Herrin to give him the report and as the Chair of this Task Force he will get it on the MAB Agenda for approval.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

V. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

VI. ADJOURNMENT

There being no further business, Chief Tuke adjourned the meeting at 09:42 a.m.