



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

August 5, 2020 – 10:00 A.M.

MEMBERS PRESENT

Jessica Leduc, DO, HFD, Chair
Jim McAllister, LVMS
Karen Dalmaso-Hughey, AMR
Chief Shawn Tobler, MFR
Chief Kim Moore, HFD
Ryan Fraser, AirMed Response (Alt)
Bryce Wilcox, CA
Walter West, BCFD (Alt)

Mike Barnum, MD, AMR
Chief Jennifer Wyatt, CCFD
Steve Johnson, MWA
Derek Cox, LVFR
Frank Simone, NLVFD
Matthew Horbal, MD, MCFPD
Michael Holtz, MD, CCFD

MEMBERS ABSENT

Alicia Farrow, Mercy Air
David Obert, DO, CA
Chief Stephen Neel, MVFD

Devon Eisma, RN, OM
Samuel Scheller, GEMS

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor
Candace Toyama, EMSTS Field Representative

PUBLIC ATTENDANCE

Jarrold Johnson, MD
Tony Greenway

Jeff Davidson, MD

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Jessica Leduc called the meeting to order at 10:09 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee members joined the meeting by teleconference and the roll call was administered by Laura Palmer, EMSTS Supervisor, who noted that a quorum was present.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee’s discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Leduc asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman Leduc stated the Consent Agenda consisted of matters to be considered by the DDP that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: February 5, 2020

Chairman Leduc asked for a motion to approve the February 5, 2020 minutes of the DDP meeting. *A motion was made by Dr. Jarrod Johnson with no opposition and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Revision of Stroke Protocol

Dr. Barnum stated the current Stroke Protocol may need to be revised because there appears to be a disconnect between the receiving facilities and prehospital personnel related to Code White notification. The protocol was written with the intention to catch anything that could conceivably be a neurologic problem of any type. The receiving facilities view a Code White as trying to identify those patients who might benefit from an emergent intervention. He expressed concern that the current protocol includes pathways that may inappropriately lead the EMS provider to the stroke protocol, thereby creating a disconnect. Dr. Barnum cited the classic example of the patient who is brought in with an altered mental status, rather than a focal neurologic deficit. Or the patient who is toxic, altered, septic, etc. and is rushed off for a CT scan, which wouldn't be the best thing for that patient, especially in a Code Sepsis situation. It would be more optimal to get fluids started, labs drawn, and antibiotics going, and then to reassess that patient. Dr. Barnum noted the current Stroke Protocol does not include specific criteria to put the EMS provider on the stroke pathway. He suggested they review any related protocol(s) so Code White is called only for those patients who would benefit from some type of emergent intervention.

Dr. Davidson noted the receiving facilities mobilize large teams in response to Code White, STEMI and LVO notification; it's a concern if the activation of these resources is unnecessary. However, it's better to make the overcall than miss something. Mr. Cox stated the EMS provider is making a clinical decision based on symptomology and ruling out diagnoses, which relies on the providers' knowledge, skills and abilities. After review of LVFR's stroke data he noted that the majority were candidates who met some criteria for a cerebral vascular accident. He asked whether the need to address the issue is significant and system wide. Chief Tobler agreed it would be a tough protocol to revise, and perhaps it should be addressed in education rather than protocol.

After much discussion Dr. Barnum agreed to research specific cases, meet with the Stroke Coordinators, and forward the agenda item to the QI Directors meeting for further discussion.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None.

V. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Leduc asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Second Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chairman Leduc adjourned the meeting at 10:45 a.m.