



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### DIVISION OF COMMUNITY HEALTH

#### DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

July 05, 2017 – 9:00 A.M.

#### MEMBERS PRESENT

Mike Barnum, MD, Chairman, AMR  
Chief Troy Tuke, Clark County F.D.  
Tressa Naik, MD, Henderson F.D. (via telephone)  
Derek Cox, Las Vegas Fire & Rescue  
Steve Johnson, MedicWest  
Mark Calabrese, Clark County F.D.

Jim Kindel, Boulder City F.D.  
Chief Kim Moore, Henderson F.D.  
Shane Splinter, Henderson F.D.  
David Slattery, MD, Las Vegas Fire & Rescue  
Frank Simone, North Las Vegas F.D.

#### MEMBERS ABSENT

Chris Calcagni, JTM  
Jarrod Johnson, DO, Mesquite Fire & Rescue  
Steve Carter, AMR  
Jason Driggars, AMR  
Alicia Farrow, Mercy Air  
Ryan Bezemer, Community Ambulance

Jeff Davidson, MD, MedicWest  
Rick Resnick, Mesquite Fire & Rescue  
Eric Anderson, MD, MedicWest  
Alex Malone, MD North Las Vegas F.D.  
Melanie Ondik, Community Ambulance

#### SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director  
Laura Palmer, EMSTS Supervisor  
Gerald Julian, EMS Field Rep

John Hammond, EMSTS Manager  
Scott Wagner, EMS Field Rep  
Michelle Stanton, Recording Secretary

#### PUBLIC ATTENDANCE

Tony Greenway, Valley Hospital System  
Laura Hennum, Dignity Health  
Jennifer Kocis, Sunrise  
Chris Stachyra, Mercy Air  
Craig Laser, UMC

Jim McAllister, LVMS  
Leslie Kosak, Dignity Health  
Dr. Jason Jones, Dignity Health  
Daniel Llamas, Sunrise  
Kathy Millhisser, Southern Hills

#### CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, July 05, 2017. Chairman Mike Barnum, MD, called the meeting to order at 9:09 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Barnum 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 Barnum asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

## **II. CONSENT AGENDA**

Chairman Barnum stated the Consent Agenda consisted of matters to be considered by the Drug/Device/Protocol Committee 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: June 07, 2017

Chairman Barnum asked for a motion to approve the June 07, 2017 minutes of the Drug/Device/Protocol Committee meeting. A motion was made by Member Moore, seconded by Member Johnson and carried unanimously to approve the minutes as written.

## **III. REPORT/DISCUSSION/POSSIBLE ACTION**

### A. Review Discuss Nomination for Vice-Chair

Chairman Barnum told the Committee that the Medical Advisory Board stated that a vice-chairperson did not have to be a physician only a current member in good standing. He then asked for nominations for vice-chair at which time Chief Troy Tuke was nominated. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

### B. Review/Discuss Second Group of Protocols for 2017

Chairman Barnum advised the Committee that this group of protocols are being submitted with the previously suggested revisions for a last review. These protocols will be submitted along with all the rest of the revised protocols to the Medical Advisory Board after the entire protocol manual has been reviewed and revised.

### C. Review/Discuss Third Group of Protocols for 2017

This item was tabled for the next scheduled Drug/Device/Protocol Committee Meeting.

### D. Review/Discuss of MicroHospital Receiving Facility Criteria

Mr. Hammond informed the Committee that he had been approached by both Dignity and Emerus Health with the desire that the new microhospitals become receiving facilities upon their openings throughout the Las Vegas Valley. He advised their representatives that it would be left to the will of the Committee to determine what types of patients would be acceptable to transport to these facilities. The one difference between these facilities and others is that they have admit beds; however they do not have ICU or surgical capabilities at this time.

Ms Laura Hennem, CEO for Dignity Health, St Rose Dominican Hospitals addressed the Committee. She said these facilities differ in that they are staffed with board certified physicians, hospitalists, experienced ER physicians. She also stated that these facilities are board certified acute care hospitals with the State of Nevada.

Dr. Jason Jones, Medical Director at the North Las Vegas facility, said this facility has eight inpatient beds, labs, x-rays, and CT capabilities, but no ICU capabilities. Dr. Jones stated that the normal vital sign criteria will limit the types of patients that can be taken to the facilities. This is of a concern to him as he wants to serve the residents within the community.

Ms Lelie Kosak of Dignity Health advised the Committee that their facilities do not currently have radios to complete the telemetry contact with crews. She did however state that the nurses carry phones at all times and are always within a few feet of a physician. Mr. Hammond stated that it is extremely important that the crews go through FAO to make the telemetry contact in order to have all calls recorded.

Mr. Cox asked how many patients have been transported to ER at the Lakes. Mr. Hammond responded that there have been four and they all appeared to be appropriate transports. Chairman Barnum will ask the QI Committee to review these cases and refer back to the DDP any comments or concerns they may have. Chairman Barnum also suggested that the Committee confer with other stakeholders for input before making any changes in protocol.

After a considerable amount of discussion Chairman Barnum asked for a motion to allow the microhospital to operate under the current protocol and to refer this to the Medical Advisory Board for final decision. A motion was made by member Simone, seconded by member Johnson and carried unanimously to refer this item to the Medical Advisory Board.

E. Review/Discuss of the use of Neosynephrine in the Treatment of Epistaxis

This item was tabled for the next scheduled Drug/Device/Protocol Committee Meeting.

F. Review/Discuss Possible Addition of 12-Lead Protocol

Dr. Young reminded the Committee of the purpose behind the 12-lead protocol. First, is to make sure no providers are missing an opportunity to conduct an EKG on patients that may need one. Second, to be sure the telemetry is completed when there is a suspected STEMI. Dr. Barnum asked if the issue would be better served by creating a new protocol or by augmenting the existing protocols.

Dr. Slattery stated that he feels strongly that there is need for a separate protocol which would list all patients who are required to receive EKGs. Mr. Hammond suggested that within each individual protocol it is stated who should receive a 12-lead. He also stated that adding another protocol may confuse the providers even further.

After much conversation the decision was made to gather suggestion for changes to the individual protocols, more specifically the ACS protocol, before creating any new protocols.

G. Review/Discuss Pressor Usage in Protocols for Consideration of Push Dose Pressors

Dr. Slattery stated that the pressors which is currently used is dopamine. He stated that it is cumbersome to hang and calculate drip rate in a moving rig. He suggests using epinephrine instead as it is easier to measure and use. Dr. Slattery provided information for the last two years of pressor use for Las Vegas Fire and Rescue. He found that during the last year there were 11 cases where dopamine was used with three of those being cardiogenic shock and for these the epinephrine is not the best choice. He suggested that dopamine remain and add the ability to use epinephrine until more information can be gathered by the other agencies. Also, allow for a two year training period for the use of push dose epinephrine with the focus on septic shock patients. . A motion was made by member Cox, seconded by member Calabrese and carried unanimously to draft a push dose pressor protocol to be brought back to the Drug/Device/Protocol Committee.

**IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

Mr. Cox informed the Committee that the City of Las Vegas, in conjunction with American Medical Response, has instituted a public access defibrillator program. The AEDs will be available at the Bettye Wilson Soccer Complex as well as in sports bars around the area. Dr. Slattery said the City of Henderson in collaboration with Adam's Heart has already instituted a similar program and placed AEDs in Heritage Park.

Chairman Barnum asked if anyone else wished to address the Committee. Seeing no one, he closed the Informational Items/Discussion portion of the meeting.

**V. 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 Barnum asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

**VI. ADJOURNMENT**

There being no further business to come before the Committee, Chairman Barnum called for a motion to adjourn. A motion was made by Member Tuke, seconded by Member Moore and carried unanimously to adjourn at 10:26 am.