



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

February 1, 2012 – 11:00 A.M.

MEMBERS PRESENT

Jarrod Johnson, DO, Chairman, MFR
Richard Henderson, MD, Henderson Fire Department
K. Alexander Malone, MD, North Las Vegas Fire
Chief Troy Tuke, Clark County Fire Department
Larry Johnson, EMT-P, MWA
Derek Cox, EMT-P, LVF&R

David Slattery, MD, Las Vegas Fire & Rescue
Eric Anderson, MD, MedicWest Ambulance
Chief Scott Vivier, Henderson Fire Department
Eric Dievendorf, EMT-P, AMR
Gina Schuster, EMT-P, Community Ambulance
August Corrales, EMT-P, CSN (Alt.)

MEMBERS ABSENT

Michele McKee, MD, UMC
Nancy Cassell, EMS Professor, CSN

Mary Levy, RN, UMC
Scott Scherr, MD, Sunrise Hospital

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Kelly Buchanan, MD, EMS Fellow

Mary Ellen Britt, Regional Trauma Coordinator
Trish Beckwith, EMS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Christian Young, MD, Boulder City Fire Dept
Brian Rogers, EMT-P, Henderson Fire
Pat Foley, EMT-P, CCFD
Scott Morris, EMT-I, NLVFD
Gerry Julian, EMT-P, Mercy Air
Sarah Morrison, EMT-P, LVMS
Michael Chailland, CSN
Luke Crawford, CSN
John Belzer, CSN
Oleg Bederman, CSN

Steve Johnson, EMT-P, MWA
Jo Ellen Hannom, RN, CCFD
Don Abshier, EMT-P, CCFD
Jeff Buchanan, EMT-P, NLVFD
Sam Scheller, EMT-P, Guardian Elite
Jessy Rogers, EMT-P, HFD
Ryan Medina, CSN
Mark McGovern, CSN
Fred Bouchard, CSN

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, February 1, 2012. Chairman Jarrod Johnson, M.D., called the meeting to order at 11:00 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Johnson noted that a quorum was present.

I. PUBLIC COMMENT

None

II. CONSENT AGENDA

Chairman Johnson 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.

Minutes Drug/Device/Protocol Committee Meeting, June 1, 2011

Dr. Johnson asked for a motion to approve the minutes of the June 1, 2011 Drug/Device/Protocol Committee meeting. A motion to accept the minutes was made, seconded and passed unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Introduction of Dr. Jarrod Johnson as the New Drug/Device/Protocol Committee Chairman

Mr. Chetelat welcomed Dr. Johnson as the new Chairman for the DDP Committee for the next 2 year cycle. Dr. Slattery thanked Dr. Henderson who has done an incredible job with the DDP Committee for the past several years.

B. Appointment of Drug/Device/Protocol Committee Vice Chairman

Dr. Johnson opened up the discussion for nominations for a Vice Chair and stated that they can be accepted at this time or to forward your nomination to the Health District for discussion at the next meeting. The Committee agreed to email them to the Health District and address it at the next meeting.

C. Protocol Layout / Format

Dr. Buchanan stated that the Health District sent out a protocol survey covering what field personnel thought about the protocols and shared a brief overview of the 6 questions and the most popular answers with the Committee:

1. How frequently do you reference the protocol manual: 84% occasionally.
2. The format of the current protocol manual was easy to use: 74% moderately agree.
3. An algorithmic format similar to ACLS algorithms of the protocol manual is preferable for use in your practice: 74% agree.
4. The education conducted regarding to new protocols and changes to existing protocols is effective: Agree slightly and agree moderately.
5. The protocol manual should contain pertinent protocol specific educational pearls: Overwhelmingly agree.
6. How can the protocol manual be improved in regard to ease of use and acting as a resource for responders in Clark County. If you have examples of effective protocol formats from other systems please note them here (essay format):
 - a. More algorithmic process
 - b. Want the educational/resource information in the protocol.
 - c. Want a more expanded formulary to include dosing.
 - d. Separation of adult and pediatric.
 - e. Tabbing system.
 - f. Stop changing the protocols so often. It's making it impossible to stay current and feel confident in their practice.
 - g. Add color to the protocols.
 - h. Electronic availability (smart phone app, Sansio, etc.)

Dr. Buchanan stated that the take home message was the providers want algorithms and education in the protocols. She stated that she worked with EMS Office to look at how the protocol manual is laid out and what would be the easiest way to use it and decided to make sections for the adult, pediatric and trauma patient which was an idea taken from Wake County with the consent of their medical director. She referred to the example protocol handouts and stated she made each protocol two pages, one page is pure algorithm and the second would be educational pearls and references for the literature.

Dr. Slattery questioned if there is a way to indicate on the pearls which items they feel should be required. Dr. Buchanan stated that they can bold those items.

Mr. Corrales added that an algorithmic protocol manual would be extremely useful for the first time user especially for the large population of EMT Basics in Clark County and applauded Dr. Buchanan for her efforts.

Ms. Beckwith stated that it was important to remember that although this contains protocols, this would also be a resource manual to give them ideas of what they should be thinking about.

Dr. Anderson stated that in previous versions of the protocol manual the education was mixed in with the protocols which were very confusing and over the years this Committee decided to remove most of that education. With the education on a separate page, you still have the objective of keeping the education out of the protocol but have it readily available.

Derek Cox made a motion to accept this algorithm format for the protocols. The motion was seconded and passed unanimously.

Mr. Hammond stated that converting the protocols into this new format would be a very time intensive effort and may not be complete until the end of the year. Mr. Chetelat added that in terms of a timeline it was suggested to create small task forces and hand out assignments to outline the protocols or schedule the next DDP meeting for 2 hours and break out into small groups and do the work during that meeting.

Dr. Johnson felt that a flexible timeline is needed because from an agency standpoint one of problems in the past has been multiple protocol revisions within the same year. He suggested that to stay committed to keeping a yearly protocol rollout but have it ready for spring time of 2013 rather than a roll out in January.

Dr. Buchanan stated that a big part of new protocols is the standardized education rollout and the idea would be to do some of the education concurrently with the protocol development so it's not this huge task at the very end. Mr. Cox disagreed and felt that since they don't know how long this is going to take the best place to start would be to come together as a group here in this Committee, take the current protocols and break them up into groups to come up with the algorithmic format and then at the end work on the education.

Dr. Slattery stated that logistically if he was on burn protocol, he would like to see the adult and the pediatric right next to each other, still separate but adjacent and asked to hear from the providers in terms of what they prefer.

Michael, a paramedic student with CSN agreed with the new format and felt it would be easier to read. He added that he would like to see the adult/pediatric protocol adjacent. Don Abshier with Clark County Fire voiced concern over changing the protocols to an algorithmic format because it is very difficult to follow those lines and easy to get lost. Jessy Rogers from the Henderson Fire Department stated that as an educator he feels the current protocols are very wordy and very difficult to dig through and felt that with an algorithmic format it is easy to follow during an evaluation. He added that he would like to see the protocols broken down into 2 sections, pediatric and adult with the trauma built in each section.

Dr. Slattery stated that it is very helpful for this Committee to hear from the providers and the more of that they can encourage at all of the meetings the better. He pointed out that just because the protocols will become algorithmic doesn't mean they expect their providers to be algorithmically thinking. He feels that these are landing points in emergency care but there is going to be built in flexibility that important clinical decisions still need to be made. They don't want the providers boxed in a situation that they can't predict here when they are writing these protocols.

Dr. Buchanan questioned when one protocol is referencing another, would they want the skills listed out or just a box stating to reference the other protocol. Mr. Hammond informed the Committee that Wake County added an icon next to the protocol when they reference another protocol.

Sarah Morrison stated that for the most part medics working in the field know their protocols and voiced concern how an algorithmic protocol can get confusing and suggested that instead of an order of things to do, have a box with options of what can be done. She felt that breaking it down too much will lose a lot of the efficacy of this type of system. Ms. Beckwith agreed and felt that getting together in small groups can minimize some of that confusion by being more informative within the box and allowing for more basic knowledge to flow through.

Sam Scheller advised the Committee that he has an SNHD protocol application available for the iPhone and that he does make a field reference protocol book every year based on the protocols that come out. He also pointed out that when you shrink it down to the size of an iPhone screen or the small field reference guide which is shrunk

down to a quarter size of the original document, you will run into issues of people being able to read it especially with all that information.

Chief Vivier stated that he supports the algorithmic format but felt that it really needs to be clear in the protocol when they can do something and when they can't and what the dose is. As a Committee they need to keep focus on the main thing, for an example, can they give morphine to a pediatric patient and what's the dose.

Dr. Johnson asked the Committee whether they would like to see a two hour meeting to break out into workgroups on the scheduled meeting day or meet separately off site. Dr. Slattery felt that this Committee meets anyway and would like to see a two hour meeting as long it is highly organized ahead of time so we have the old protocol, the new protocol and each group has specific tasks to get done in that hour. The Committee agreed to a two hour scheduled meeting.

Dr. Buchanan stated that she will send out a copy of the Wake protocol to the Committee so they can see how it looks along with the 2 protocols that their designated group will be responsible for working on.

There was considerable discussion regarding whether they will only be working on putting the current protocols in algorithmic format only or reviewing the protocols for any revisions during the same time. Dr. Slattery voiced concern that if any changes are done at that time it needs to be substantiated with evidence. The Committee agreed to only work on the algorithmic format at this time.

Dr. Malone made a motion to first work on tasking the group and developing current protocols into an algorithmic format and secondarily review the content of those algorithms and re-evaluate them for evidence based practices. The motion was seconded and passed unanimously.

D. Review of Selected Protocols with Drug Shortage Considerations

Mr. Chetelat stated that Dr. Bledsoe notified the Health District several weeks ago that he was running low on Versed and yesterday stated that they were virtually out. He advised the Committee that he was unable to get a hold of Dr. Slattery or Dr. Buchanan for an emergency MAB meeting so the Health District took the protocols that contained Versed and made draft revisions for alternative drugs to send out to the agencies for review. He added that they need to come up with an emergency plan for these situations that come up in the future. He suggested that if an agency has an emergency situation he would like them to notify the Health District and they will do what they can to get medical advice using Dr. Slattery or other medical directors but would like to keep that draft protocol rollout format the same so there isn't multiple agencies with a variety of different decisions causing confusion in the field. Dr. Slattery agreed with the Health Districts response but added that when there is time they need to get at least an email vote out to the MAB for feedback.

Chief Tuke asked if they were still looking at the 4 step plan that was discussed previously. Dr. Slattery stated that the MAB already decided that expiration dates will be extended. He added that Versed needs to be rationed and that they need to look at the protocol and decide on what is the most important indication that we have for it and ration it's use until there is another alternative. He suggested maybe meeting in a small workgroup this week. Mr. Chetelat stated that he will try to set up for a meeting the next day.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

V. PUBLIC COMMENT

Pat Foley from Clark County Fire asked the Committee to consider the print cost when revising the protocols. The big costs in print are colored pages, size of the book and dye cuts for each type of tabbing. He stated that the cost for this book in print could be as expensive as \$20. Some of the bigger agencies print a 1000 of these books which will be a tremendous cost. He agreed with Mr. Chetelat's idea to try and get a central print of this book to help minimize that cost but asked the Committee to please consider cost.

VI. ADJOURNMENT

As there was no further business, Dr. Johnson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 12:13 p.m.