CLARK COUNTY HEALTH DISTRICT

MINUTES

EMERGENCY MEDICAL SERVICES

EDUCATION COMMITTEE

SEPTEMBER 7, 2005--2:45 P.M.

MEMBERS PRESENT

Dale Carrison, D.O., Chairman
Steve Kreps, R.N., Mercy Air
Susie Kochevar, R.N., MedicWest Ambulance
Philis Beilfuss, R.N., North Las Vegas Fire
Derek Cox, EMT-P, American Medical Response
Mary Levy, R.N., University Medical Center
Rod Hackwith, EMT-P, CCSN
Sandy Young, R.N., Las Vegas Fire & Rescue
Jon Kingma, EMT-P, Boulder City Fire

MEMBERS ABSENT

Trent Jenkins, EMT-P, Clark County Fire
Jim McAllister, EMT-P, EMS Training Center
David Petersen, EMT-P, Mesquite Fire & Rescue
Dave Slattery, M.D., St. Rose Dominican
Aaron Harvey, EMT-P, Henderson Fire

CCHD STAFF PRESENT

Joseph Heck, D.O., Operational Medical Director
Moana Hanawahine-Yamamoto, Administrative Assistant
Mary Ellen Britt, R.N., QI Coordinator
Eddie Tajima, Recording Secretary

PUBLIC ATTENDANCE

Larry Johnson, MedicWest Ambulance
Steve Patraw, MedicWest Ambulance
Jay Craddock, North Las Vegas Fire
Allen Marino, M.D., SWA/NLVFD
Steven Corleone, Mercy Air
Lawrence Pellegrini, D.O., LVFR
JoEllen Hannom, Clark County Fire Dept
Richard Henderson, M.D., Henderson Fire

I. CONSENT AGENDA

The Education Committee convened in the Clemens Conference Room at the Ravenholt Public Health Center on Wednesday, September 7, 2005. Chairman Dale Carrison, D.O. called the meeting to order at 2:45 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Carrison noted that a quorum was present.

Minutes Education Committee Meeting August 3, 2005

Dr. Carrison asked for approval of the minutes of the August 3, 2005 meeting. A motion was made, seconded and passed to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Required Clinical Hours for Initial EMT-I Training

Dr. Carrison stated that there were two issues with regard to the clinical hours for EMT-I training. One is the requirement of the 24 hours of clinical training and two would be where the training takes place. It was suggested 24 hours of clinical time with 12 hours in a hospital setting and 12 hours in a prehospital setting as a third rider and asked the committee for their input.

Mr. Hackwith stated that it is very difficult to get clinical time in a hospital setting and that some hospitals are now requiring preceptors for these students. He felt it was the training centers responsibility to prepare these students to be able to pass the test and work in the field. Mr. Cox agreed that the clinical time should be managed by the training centers and asked the committee if it should be more in line with National Registry and based on skill sets to show competency.

Ms. Britt stated that the Health District is moving toward broadening the definition of the provisional license in the Regulations to allow these students to be able to practice their clinical skills in the prehospital setting so they may receive valuable clinical experience.

Mr. Hackwith stated that these students need patient contact because you can't provide that in a classroom setting, but it would be difficult to determine the quality of that in a checklist.

Ms. Beilfuss brought in the clinical evaluation form that she felt was a relatively easy form for a preceptor in the hospital or field to use that could sign and attest to the fact on what they've done.

Ms. Young suggested using the daily field evaluation forms during the Intermediate ride alongs which will give documentation of the types of calls that they've seen.

Mr. Cox stated that he didn't want the form to show competence but to only show contacts.

It was agreed upon by the majority of the committee that the requirement for the 24 hour training was supported but felt that the training would be best managed by the training centers.

Ms. Young made a motion to add a requirement to the EMT-Intermediate curriculum as it stands for a minimum of 24 hours clinical time. The motion was seconded and passed unanimously.

B. Discussion of Pediatric Airway Management

Dr. Carrison stated there have been a number of esophageal intubations on infants and pediatric patients where bag valve mask would have been a more effective way of establishing and maintaining an emergency pediatric airway. He asked the committee for recommendations on how they can communicate, train and better prepare the medics in the field who are seeing these pediatric patients with respiratory difficulty to recognize when an emergency airway is appropriate and recognize the difference when bag valve mask would be just as appropriate.

Ms. Beilfuss and Ms. Young both voiced concern over the fact that the agencies are not hearing about these missed tubes and asked if they were happening in the field or on a patient transfer from the gurney to the bed. Ms. Young felt that it's not always coming out in the field and they needed to focus better on transfer of care as opposed to when you intubate.

Mr. Cox stated that maybe we should put a 2 hour continuing education course on intubating or airway management of pediatrics. Ms. Britt felt that we have been emphasizing that message in both the PEPP and PALS curriculum which has emphasized good bag valve mask technique and not intubating patients unless absolutely necessary.

Ms. Young made a motion to refer this to the QI Committee to do a study and track the data to make a formal recommendation to this committee on educational needs. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

V. ADJOURNMENT

There being no further business, Dr. Carrison adjourned the meeting at 3:27 p.m.