

MINUTES

EMERGENCY MEDICAL SERVICES

EDUCATION COMMITTEE

December 7, 2005--2:30 P.M.

MEMBERS PRESENT

Dale Carrison, D.O., Chairman
Derek Cox, EMT-P, American Medical Response
Susie Kochevar, R.N., MedicWest Ambulance
David Petersen, EMT-P, Mesquite Fire & Rescue
Tim Crowley, EMT-P, Las Vegas Fire & Rescue (Alternate)

Aaron Harvey, EMT-P, Henderson Fire
Rod Hackwith, EMT-P, CCSN
Philis Beilfuss, R.N., North Las Vegas Fire
Trent Jenkins, EMT-P, Clark County Fire

MEMBERS ABSENT

Jon Kingma, EMT-P, Boulder City Fire
Steve Kreps, R.N., Mercy Air
Mary Levy, R.N., University Medical Center

Jim McAllister, EMT-P, EMS Training Center
Sandy Young, R.N., Las Vegas Fire & Rescue

CCHD STAFF PRESENT

Joseph Heck, D.O., Operational Medical Director
Mary Ellen Britt, R.N., QI Coordinator
Rae Pettie, Program Coordinator
Eddie Tajima, Administrative Assistant

Rory Chetelat, EMS Manager
Trish Beckwith, Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

JoEllen Hannom, Clark County Fire Dept
Russ Cameron, EMT-P, Clark County Fire Dept
Brian Fladhammer, Mercy Air

Don Abshire, EMT-P, Clark County Fire Dept
John Higley, EMT-P, Mesquite Fire & Rescue
Scott Bourn, American Medical Response

I. CONSENT AGENDA

The Education Committee convened in the Clemens Conference Room at the Ravenholt Public Health Center on Wednesday, December 7, 2005. Chairman Dale Carrison, D.O. called the meeting to order at 2:30 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.

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Dr. Carrison asked for approval of the minutes of the September 7, 2005 meeting. A motion was made, seconded and passed to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of EMT-I Practical Experience Hours

Tim Crowley from Las Vegas Fire and Rescue read a statement voicing a concern with the recent changes to the education for EMT-Intermediates and how the Health District handled it. Mr. Crowley stated that at the last

meeting it was decided to meet again to discuss the full impact that this would have on all agencies but since receiving the letter from Dr. Kwalick stating there was no choice, he felt that the Health District had their own pathway for resolution.

Rory Chetelat stated that the intent of Dr. Kwalick's letter was to advise those that the procedure manual is a rule book for regulation and that the regulations have been in effect since October 27th 2005. The Health District did not make any changes to what a provisional license was; it simply expanded the option for intermediate students to be issued a provisional license while they are in their training programs.

Philis Beilfus stated that when the 24 hours was built into the Intermediate education they didn't realized that it was built in with any constraints and that maybe we should make it optional.

Rod Hackwith stated that the way CCSN's program is structured they would be unable to incorporate the provisional licensure. Derek Cox felt it was unfortunate that the community college won't be able to implement this because the whole idea was to get the intermediates on the ambulance practicing their skills because they are not doing much in the emergency rooms. Mr. Cox stated that maybe it was a misunderstanding or an oversight but it certainly doesn't help the situation when we have a very limited number of EMS instructors that can allow these intermediates to do skills with them.

Dr. Carrison stated that it was his understanding that giving a provisional licensure meant they would be able to practice their skills and that the difference between looking and doing was the educational experience we were attempting to have but what he didn't understand was the lack of preceptors available.

Dr. Heck stated that the clinical time in the EMT-I curriculum had always been present but it was getting difficult to get it in the hospitals so we wanted the option to get it on the rigs and decided on 24 hours practical experience. The Health District knows that to go out into the field and touch a patient they have to be licensed and the NRS gives us the ability to grant a provisional license to somebody who is not fully qualified for an unrestricted license. The regulations have always stated under provisional licensure somebody has to be with a preceptor or EMS instructor and the Health District assumed that everyone knew it and that is where the misunderstanding happened.

B. Discussion of Options for EMT-I Preceptors/Instructors

Dr. Heck stated that the questions that have come back to him have been either too many students or not enough preceptors/EMS instructors. The EMS office tried to come up with a way that would allow more people to qualify sooner as secondary EMS instructors so that they'd be able to supervise the EMT-I students that are going out on a provisional licensure or the other path is to just pull the whole thing back and do the 24 hours in a hospital. Obviously we want to do what's best for the EMT-I students and we want to do what's best for the people that they're going to treat someday by making sure they're competent. We can go either way, the 2 options are: Generating more people that can supervise them or taking away the ability to go into the field.

Dr. Carrison asked each member of the Education committee to express their opinions.

Mr. Crowley stated that we would go with option B at this point.

Mr. Hackwith asked if we are defining this as different then just normal clinical hours. The students can still be on the ambulance to observe and not touch the patients. Dr. Heck stated that was correct but it does remove the ability for them to perform invasive skills on a patient outside of the hospital.

Mr. Chetelat added that as a point of clarification that we use the word practical experience in the procedure for intermediate training hands on skills. An internship is out in the field doing hands on skills a clinical is in a structured environment within a hospital. He also recommended that we keep both options open for an agency to choose.

Dr. Heck stated that the Health District would be willing to put on EMS Instructor classes if there's a problem with getting enough EMS instructor classes within the community and we've also looked at modularizing some of that secondary instructor curriculum so that they can get the piece they need to get into the field more expeditiously.

Dr. Carrison stated you could do it or you could not do it and he felt that a year from now we'll be in a significantly different situation. He felt that the regulations regarding who can be a preceptor are straight forward and clear so it really doesn't change what we were doing, the only thing this changes is what we want to do and what we were trying to accomplish with the provisional license is to get more practical experience on the ambulance and as time develops we'll be able to do that. From the Community College standpoint it was never going to change anything to begin with because they simply don't have preceptors. He felt that if we leave it alone we're OK because it really doesn't change anything. The only thing it changes is when we had these discussions it was just to give people more practical experience and all we will do is delay that until we get enough provisional instructors that each agency would be able to do that if they chose to but not making it mandatory for you to do it. Simply leave the 24 hours like it was.

Mr. Crowley added that he still questioned the process and asked why we were not allowed to have further discussion. He agreed that quality patient time is extremely important but wanted more time to figure out how we can make it work for his department and all the other agencies.

Dr. Heck stated in essence since it is not obligatory it does give any agency additional time to review it and figure out the impact and take the appropriate steps to either use it or not use it.

Dr. Carrison stated that his report to the MAB is that it's to be clarified that this is not mandatory and that you could use the 24 hour hospital experience in lieu of having a provisional license which requires an Instructor/Preceptor.

C. Discussion of an Enhance EMT-B Curriculum

Mr. Crowley stated that this discussion was put on the agenda by Sandy Young and she wanted to defer this item.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Mr. Chetelat stated that the Health District would like to hold a procedure manual workshop on December 20th and asked how this would work for everybody. The consensus was to hold this workshop after the first of the year and January 11th at 1:00 p.m. was chosen.

Dr. Carrison stated flyers are being sent out for a basic disaster life support and advanced disaster life support course being held the last week of January and first week of February. This course has been recognized and approved by the American College of Emergency Physicians and also the American Medical Association. UMC and the School of Medicine and Department of Emergency Medical are going to be a regional training center so it will be an open class limited to 50 participants.

Mr. Cox had two announcements; first that Sunrise Hospital holds case reviews every first Wednesday of the month starting at 8:00 a.m. and it is a great program for everybody to attend. Second, Sunrise applied for their JCAHO stroke center certification November 15th so we should be hearing from them in the next few months.

Mr. Chetelat announced that Sunrise passed their ACS review and has been fully designated by the State as a Level II Trauma Center.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

V. ADJOURNMENT

There being no further business, Dr. Carrison adjourned the meeting at 3:15 p.m.