# MINUTES

## EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

## EDUCATION COMMITTEE

## July 6, 2011—10:00 A.M.

### MEMBERS PRESENT

Chief Scott Vivier, Chairman, Henderson Fire Dept.
Tim Orenic, EMT-P, Las Vegas Fire & Rescue (Alt)
Eric Anderson, MD, MedicWest Ambulance (Alt)
Chief Bruce Evans, North Las Vegas Fire Dept.
Dale Carrison, DO, Clark County Fire Dept.
Jo Ellen Hannom, RN, Clark County Fire Dept
Bud Adams, College of Southern Nevada

### MEMBERS ABSENT

Mary Levy, RN, CCUPP
Eric Dievendorf, EMT-P, American Medical Response
Gina Schuster, EMT-P, Community Ambulance
Derek Cox, EMT-P, Las Vegas Fire & Rescue
Chris Stachyra, EMT-I, MedicWest Ambulance
Greg Fusto, UMC

### SNHD STAFF PRESENT

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

### PUBLIC ATTENDANCE

Sarah Morrison, Las Vegas Motor Speedway
Philis Beilfuss
Richard Main, NCTI
Chief Troy Tuke, Clark County Fire Dept
Josh Hedden, Sunrise Hospital
Gerry Julian, Mercy Air
Tricia Klein, NCTI
David Embly, North Vista Hospital
Frank Simone, NLVFD
Charlie Reid, TSCF

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

The Education Committee convened in the Clemens Conference Room at the Ravenholt Public Health Center on Wednesday, July 6, 2011. Chief Vivier called the meeting to order at 10:04 a.m. The Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Chief Vivier noted that a quorum was present.

### I. CONSENT AGENDA

Chief Vivier stated the Consent Agenda consisted of matters to be considered by the Education 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 Education Committee Meeting February 2, 2011

Chief Vivier asked for approval of the minutes of the February 2, 2011meeting. A motion was made, seconded and passed to approve the minutes as written.

## II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from Education Workgroup on Paramedic Internship and Evaluation Tools
Chief Vivier reported that this Committee voted to change the current (1-3) rating scale to a (1-5) and focus on the paramedic evaluation process. He stated that an Education Workgroup was created and has met several times with significant work made on the internship and paramedic evaluation tools used. The Workgroup developed 2 new evaluation forms that would replace the daily and the major evaluation forms that incorporate the suggested changes and will present the draft of all the forms and the education at the August meeting of the Education Committee. The Workgroup is currently in the process of developing a training program and it is their plan to roll out a trial where they will provide training to all of the agencies with interested participants and test the process for 6 months for feedback and then come back to the Education Committee with the final product to be rolled out sometime in 2012.

B. Review of Protocol Changes for Feedback on Educational Needs
Chief Vivier referred to the summary of changes handout stating that at this point the goal would be to review those changes and identify if there is any specific area that will require detailed educational needs. After reviewing the summary of changes, Chief Vivier summarized the list of topics that he will have a draft of education available at the next Education Committee meeting.

- General Patient Care (GPC): Create an educational bullet that addresses the reason for titrating oxygen.
- Cardiac Arrest (Adult CCC CPR): Chief Vivier felt that there will be a large cardiac arrest, American Heart Association (AHA) style focus in this education starting with Continuous Chest Compressions (CCC) and working through ventricular fibrillation/ventricular tachycardia going on to pulseless electrical activity (pea)/asystole. Suggestions he received from the group was to talk about a consistent message, the need to measure results, the need to focus on what CCC is and what it isn't and the use of the podcasts resources available from Dr. Bobrow and incorporate all those suggestions into that training.
- Cardiac Dysrhythmia: Asystole/PEA: Removal of atropine as an education point and continued discussion about sodium bicarb for acidosis.
- Cardiac Dysrhythmia: Bradycardia: As an educational supplement, give a firm definition of Bradycardia
- Cardiac Dysrhythmia: Monomorphic Ventricular Tachycardia: Add some language that addresses Adenosine in the stable patient as well as the practical practice of ensuring that sync is re-engaged when needed.
- Formulary & Guidelines

Chief Vivier stated that the Smoke Inhalation protocol was added mid cycle last year and questioned where the education should be focused. Do they need to create a unified consistent roll out or an update to the protocol?

Ms. Beckwith felt that an update would be fine because it is currently an allowable drug and the education should have already been done. She reminded the Committee that anytime there is a new drug/protocol, in order for the Agency to allow their crews to begin using it in the field, they have to have a minimum of 90% of their people educated through the process. Once that happens, then they need to notify the Office of Emergency Medical Services & Trauma System

(OEMSTS) that the education has occurred so that we know you are going to be putting this into practice.

John Hammond stated that he and Mary Ellen Britt met with Dr. Slattery regarding some issues that came up with some protocols that were contradictory in the rollout that had to be fixed and reviewed those changes with the Committee:

GPC: G2: Move "i" ETA to be first on that list.

Acute Coronary Syndrome (Suspected): The nitroglycerin and the erectile dysfunction warning boxes have been combined to read:

- Systolic blood pressure < 100 mmHg
- Bradycardia/tachycardia
- Right ventricular infarction
- Anyone who has taken erectile dysfunction medication, eg. Viagra in the last 48 hours

*Caution is advised in patients with inferior wall STEMI, and a right-sided EKG should be performed to evaluate RV infarction.*

Cardiac Arrest (Adult CCC CPR)

- #5 Removed language "for 2 minutes"
- #6 Changed to read "Unwitnessed arrest, immediately begin CCC for 2 minutes while applying and preparing AED for analysis"
- #8: Changed the 6 bpm to a range of 8-10 bpm.
- #9: Changed "OR" to "AND"
- #17: Remove "…400 compressions" and insert "… 3-5 minutes".

Cardiac Dysrhythmia: Asystole/PEA

- #1: Change from Witnessed Arrest by EMS, after 1st rhythm check, initiate uninterrupted CPR for 2 minutes" to "Initiate age appropriate CPR for 2 minutes".
- #2 Removed - to correspond with the Adult CCC CPR protocol

Cardiac Dysrhythmia: Bradycardia

- Removed "For the Hemodynamically Unstable patient" and added the standards placed in the Adult Bradycardia (with pulse) from part 8 of the AHA Circulation journal to read: For patients experiencing persistent Bradycardia causing (1) or more of the following:
  - Hypotension
  - Acutely altered mental status
  - Signs of shock
  - Ischemic chest discomfort
  - Acute heart failure
- Re-ordered pediatric steps to keep together
- Removed Dopamine for pediatrics

Cardiac Dysrhythmia: Monomorphic Ventricular Tachycardia: #11 Removed "Do not repeat if unsuccessful" and added language "If first dose is unsuccessful, may repeat dose at 12mg"

Cardiac Dysrhythmia: Ventricular Fibrillation or Pulseless Ventricular Tachycardia:

- #1: insert "age appropriate CPR" – easiest way to clean up that language to differentiate between pediatric, trauma & medical adult.
- #2: changed to read "UNWITNESSED ARREST, immediately begin age appropriate CPR for 2 minutes while applying and preparing defibrillator for use".

Smoke Inhalation:

- #9: If cardiac arrest or hypotension <u>is</u> present – added "is" for housekeeping

C. Report from SNHD on Protocol Survey

Ms. Beckwith reported that the Office of Emergency Medical Services & Trauma System (OEMSTS) had a great opportunity to send out a 6 question survey monkey covering what field personnel thought about the protocols. The survey was sent out 2 weeks ago to all the agencies and their personnel and will be open until the end of July. As of today; there have been 219 responses but in order for this to be statistically viable 334 responses are needed so Ms. Beckwith asked the Committee that they resend this survey back out to their personnel and ask them if you've not had the opportunity to fill it out please do so.

A brief overview of the 6 questions and the most popular answers:

1. How frequently do you reference the protocol manual: Occasionally.
2. The format of the current protocol manual was easy to use: Moderately agree.
3. An algorithmic format similar to ACLS algorithms of the protocol manual is preferable for use in your practice: 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.)

Ms. Beckwith stated that they received a lot of responses on question 6 that were very surprising. In a previous question they were asked about the education component and the most common answer was moderately agree however when they started writing their answers in question #6 it was apparent that they don't know what they were not getting. She felt that when this Committee starts looking at the education for the protocols they need to be broader based so there is a better understanding of why things are done so the Medic feels more engaged in the process.

Dr. Carrison felt that the tabbing system approach for the protocols would be an excellent idea and added that the hospitals are using the same format with their disaster manual. He also agreed that pediatrics should be separated from adult.

Ms. Beckwith felt that it is going to be very important to incorporate some of those suggestions so the field people know what we did with this survey and that it didn't go on deaf ears. Dr. Carrison agreed stating that if nothing is done after this survey all credibility will be lost.

D. Election of Vice-Chair

A motion was made to nominate Jo Ellen Hannom as the Vice-Chair. The motion was seconded and passed unanimously.

## III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Dr. Carrison reported that there was a lot of concern over the Electric Daisy Carnival (EDC) but when the dust settled it was praised for its smooth outcome. The EMS system was minimally impacted; there were 20 transports from EDC over 3 days. All (4) hospital emergency departments (Desert Springs, Valley, UMC and Sunrise) were full with the majority of the drug overdose transports coming from the strip on Friday and Saturday night. He felt that this community needs to compliment itself and know that Las Vegas is good at what it does when it comes to putting on large events and ramping up the system.

## IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

## V. ADJOURNMENT

There being no further business, Chief Vivier adjourned the meeting at 10:54 a.m.