



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

July 01, 2015 – 9:00 A.M.

MEMBERS PRESENT

Frank Simone, Chairman, NLVFD
Chief Chuck Gebhart, Boulder City Fire
David Slattery, MD, LVFR (Alt)
Brandie Green, CSN
Ryan Bezemer, Community Ambulance

Mark Calabrese, CCFD (Alt)
Eric Dievendorf, AMR (Alt)
Eric Anderson, MD, MW (Alt)
Syd Selitzky, Henderson Fire (Alt.)
Sheree Motta, Life Guard Int'l (Alt)

MEMBERS ABSENT

Chief Scott Vivier, HFD
August Corrales, JTM
Don Abshier, CCFD
Steve Johnson, MedicWest Ambulance

Steven Carter, AMR
Donna Miller, RN, Life Guard Int'l
Chad Fitzhugh, Mercy Air
Derek Cox, LVFR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Gerry Julian, EMS Field Representative

John Hammond, EMSTS Supervisor
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Jim McAllister, LVMS

M. Monica Manig, HFD

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, July 01, 2015. Chairman Frank Simone called the meeting to order at 9:12 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Simone 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 Simone 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 Simone 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, May 12, 2015.

Chairman Simone asked for a motion to approve the minutes of the May 12, 2015 Education Committee meeting. Motion made by Member Dievendorf, seconded by Member Green and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Psychiatric Patient Destination Training

Chairman Simone reported that at a previous workshop it was decided to make the education for the psychiatric patient destination a training video and everyone was tasked to develop a scenario that mimics a psychiatric event. The Committee met offline on June 17th to go over those scenarios that were ready and once they get the ones that were missing, the next step would be to create vignettes and questioned Dr. Slattery if he had some resources for making a video.

Dr. Slattery stated that he is still in the process of getting quotes. He suggested that those scenarios be put in a shared folder or drop box for everyone to review. Mr. Julian stated he will send them out to everyone.

Chairman Simone suggested moving forward with training process even though right now there is only one possible destination commitment from Westcare.

Dr. Slattery stated that Westcare is definitely committed to do it. They are renovating their facility which isn't expected to be open until the end of summer. He felt that they should be poised for the future because there is a lot of movement on this particular topic and they are going to see more funding, opportunities and resources put towards addressing the psychiatric patients in emergencies departments.

Dr. Anderson felt that once somebody jumps in others will feel the pressure to do so as well or they will be left behind.

B. Discussion of Cervical Stabilization Training Video

Chairman Simone reported that the last time this Committee met, they had some concerns over the video. Those concerns were itemized and thanked Dr. Young for sending them to Scott Diel for re-editing. He added that some of them were able to be accomplished and some were not because reshooting was not an option.

Dr. Young played parts of the video that were of concern where the production company rearranged some clips and added voice-overs.

Dr. Slattery stated that the vignettes were still out of sequence. He questioned the role this Committee has with regards to this video. He felt that if the purpose of this video is to be endorsed by this Committee it should have evolved from this Committee and not been brought to them after it has been produced. He was in support of moving this along if this is just informational but if the decision is to endorse this that's a different level of scrutiny for the video because this Committee was not involved with that development of that video.

Dr. Young stated that this is a video that was produced as a companion video to accompany the release of the most recent EMS protocol update. Though not considered to be official protocol language, the video was still brought before the Education Committee before being released. Based on the feedback from the last meeting, some voice-overs and graphics were changed, and some sequencing changes were made. Most providers have already had the opportunity to learn the pearls mentioned in this video by simply adhering to the new protocol language and asking the right questions when there was any uncertainty. There are still some providers in the system that may not be entirely comfortable with the new protocols. While not intended to be a substitute for diligent quality assurance and medical oversight, the video will hopefully serve as a valuable educational adjunct. That being said, the concern was raised to bring this video to the Education Committee for their approval and then bring it back to the Medical Advisory Board.

After considerable discussion, the Committee decided that the video was an informational product and that the SNHD endorsement component should be removed.

Member Bezemer made a motion to not endorse the Cervical Stabilization Training Video as presented for training purposes and have the Southern Nevada Health District logo removed. The motion was seconded by Alternate Member Selitzky and passed by majority vote. Member Gebhart opposed the motion.

C. Discussion of Hostile Mass Casualty Incident Educational Pearls

Mr. Hammond stated that Mr. Tuke sent some additional recommendations and advised the Committee that the Draft Hostile Mass Casualty Incident handout is an edited version of the one emailed out earlier.

He proceeded to go through all the changes made which include:

- Under the “No” branch of the Draft Hostile MCI protocol, in the 1st bullet point, change warm zone to cold zone.
- Under the “Yes” branch, in the 2nd box, change the word “revert” to “directed”
- On the pearls side, the first bullet point, strike “in order to mitigate hostile actions” and added “the warm zone to provide initial treatment for life threatening injuries and to complete patient “sift and sort” procedures.”
- On the pearls side, the second bullet point, added to the end “for the completion of “sift and sort” procedures only.”

Mr. Hammond added that the educational aspect of this protocol should be agency based, since a Standard Operating Procedure (SOP) has already been published by the Southern Nevada Fire Operations (SNFO) command for training fire operations individuals and being a member of the force protection team.

Mr. Calabrese stated that this shouldn’t affect training; the intent was to just provide the members of the force protection team that protection.

Mr. Hammond disagreed and stated that all agencies should be exposed to the concept of a Hostile MCI. Even though the private ambulance services that are not going to be part of a force protection team they will be expected to provide care in the cold zone areas.

Dr. Slattery stated that the ability to protect our provider’s safe environment protocols was very important. The interest here is to make sure we provide a protocol to allow them to operate under austere environments’ at risk. Those situations aren’t rare and the intent of this is to create enabling language in our protocols to protect our people at those times when they can’t deliver protocol level care at that time because of their safety. He added that the 2nd bullet point, the last sentence is a bit contradictory and doesn’t sound too supportive of that. In terms of consistency he suggested replacing that language with the language that is in the Austere Environment protocol which reads: “Consequently SNHD recognizes that departures from protocol may be necessary and in the best interest of the patient when faced with these conditions. Therefore, SNHD authorizes such brief and limited departures from protocol in accordance with accepted specialized practices”.

Dr. Anderson agreed adding that they are deviating in the best interest of the patient but also in the best interest of the provider.

Mr. Hammond agreed to change the last sentence in the 2nd bullet point back to the original language pulled from the Austere Protocol.

Chairman Simone stated that the recommendation from this Committee will be to make the discussed changes and refer it back to the Drug/Device/Protocol Committee.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Mr. Calabrese informed the Committee that Clark County Fire has re-implemented an educational process for their medics. They are going to start sending their medics to the Cath Lab at Sunrise Hospital to participate in cases and will receive 3 hours of CME’s. He advised the Committee that this is open to any of the agencies.

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 Simone asked if anyone wished to address the Committee. 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 Simone called for a motion to adjourn; Motion made by Member Dievendorf, seconded by Member Green and carried unanimously to adjourn at 10:13 a.m.