MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

April 7, 2021 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, Chairman
Jeff Davidson, MD, MWA
Walter West, BCFD (Alt)
Matthew Horbal, MD, MCFPD
Jessica Goldstein, MWA (Alt)
Mike Holtz, MD, CCFD
Gerald Julian, CA (Alt)
Chief Lisa Price, NLVFD
Jessica Leduc, DO, HFD
Douglas Fraser, MD, RTAB Rep. (Alt)
Chief Shawn Tobler, MFR
David Slattery, MD, LVFR
Chief Kim Moore, HFD
Joe Richard, LVFR

MEMBERS ABSENT

Chief Jennifer Wyatt, CCFD
Stephen Neel, MVFD
Samuel Scheller, GEMS
Ryan Hodnick, DO, MVFD
Nick Jarman, AMR
David Obert, MD, CA
Scott Scherr, MD, CCFD
Alexander Malone, MD, (Vice-Chair)
Jarrod Johnson, DO, MFR
Daniel Rollins, MD, BCFD

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Heather Anderson-Fintak, Assoc. General Counsel
John Hammond, EMSTS Manager
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

Brett Olbur
Paul Stepaniuk
Lisa Rogee
Jim McAllister
Braiden Green
Frank Simone
Donna Miller
Jaclyn Matsura
Shane Splinter
Todd Ford
Dale Branks
Bud Adams
Virginia DeLeon
H. Shawn Wijesinghe
Danny Perez
Kimberly Lomax

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Mike Barnum called the Medical Advisory Board meeting to order at 11:03 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Board members joined the meeting by teleconference and the roll call was administered by Laura Palmer, EMSTS Supervisor, who noted that a quorum was present.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Vice-Chairman Malone asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting. 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 Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Dr. Barnum stated the Consent Agenda consists of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approve Minutes/Medical Advisory Board Meeting: February 3, 2021

B. Discussion of Communication in Termination of Resuscitation of Traumatic Patients for Referral to DDP

C. Discussion of Suggested Updates to the Adult and Pediatric Cardiac Arrest Protocols to Mirror New AHA Guidelines for Referral to DDP

Chief Tobler stated the February 3, 2021 minutes need to be amended to include him in attendance.

A motion was made by Dr. Slattery, seconded by Chief Tobler, and carried unanimously to approve the consent agenda.

III. CHIEF HEALTH OFFICE REPORT

John Hammond reported the Health District closed their non-conjugate shelter located in the rear parking lot. The previous shelter is in the process of being transitioned to a vaccination pod.

IV. REPORT/DISCUSSION/ACTION

A. Discussion of ET_3 Pilot Program

Dr. Barnum stated the Emergency Triage, Treat, and Transport (ET_3) is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service beneficiaries following a 911 call. ET_3 offers transport to alternative destination partners and has treatment-in-place options via telemedicine for interventions in lieu of transporting all patients to an ED. The primary goals of ET_3 are to provide appropriate person-centered care, delivered safely at the right place and time, with more options than we currently have. The idea of the program is to take pressure off the EMS providers by encouraging the appropriate utilization of resources to meet health care needs more effectively, and to increase the efficiency of the EMS system to allow that resource to be used in a better and more efficient manner. The pilot program will initially only cover Medicare fees for service, with the goal of extending to other payors in the near future. All patients would need to consent to be in the program, i.e. if a Medicare patient were to go through the program and be offered transport to an alternate destination or a treat-in-place option, they would need to consent. Currently, the default is to be transported to an ED. Dr. Barnum noted the field crews will need to be trained prior to implementation. AMR, MedicWest, and Community Ambulance are completing their education and finishing up some of the arrangements with their partners. Dr. Barnum stated the goal is to eventually expand the program to all patients, not just the payors, so it will become seamless. He is hopeful that we will be able to implement the ET_3 pilot program in May. He noted that one of the difficult points during the pilot program will be to verify eligibility.

Dr. Barnum noted that other EMS systems across the nation initially had a low number of patients. A lot of that has to do with the idea that our Medicare-only population appear to be a little better at self-triage; they tend to need an ED when they call 911. Unfortunately, they tend to be sicker, so there is a very scant number of patients that are eligible for the alternative destinations or the treat-in-place. He added that the hope is to use the ET_3 model to better stratify patients across the system and create a better utilization of EMS and ED resources.

B. Committee Report: Drug/Device/Protocol (DDP) Committee (4/7/2021)

Dr. Leduc reported the QI Directors are continuing their discussion on dosing for Midazolam and Diazepam in adult and pediatric patients. She noted the discussion of pediatric cardiac arrest resuscitation management was tabled for future discussion. The DDP wants to ensure the current protocols are aligned with the new AHA guidelines, particularly the compression ratios prior to placement of an advanced airway.

Dr. Leduc stated there was a proposal for the addition of lactated ringers (LR) to the EMS formulary as an equivalent to normal saline, to be utilized as a crystalloid replacement.

A motion was made by Dr. Slattery to add lactated ringers as a crystalloid replacement option to normal saline to the EMS formulary. The motion was seconded by Chief Moore and carried unanimously.

Dr. Barnum stated the DDP also discussed the use of Phenylephrine as an alternative medication for Dopamine. Dr. Slattery stated that after looking at the limitations of Dopamine including cost and infrequency of use, push dose Epi was suggested as an option. A proposal was brought forward to add Phenylephrine to the EMS formulary and give EMS agencies the option to remove Dopamine from their inventory. Dr. Slattery noted that Phenylephrine is a pure alpha agent. The cost through their distributor Henry Schein is $12 bag for Dopamine, as compared to $3.07 per vial for Phenylephrine. The only added cost for the Phenylephrine is the NS bag, which is approximately $6 - $7 per vial. He stated that Las Vegas Fire & Rescue used Dopamine only 11x last year. They would like to both reduce costs and have a more appropriate alpha agent to use when push dose Epi may not be the best pressor for the patient. The goal is to get the patient to the hospital while maintaining blood pressure so the patient can be transitioned in the hospital ED with a pressor drip. Dr. Ruiz, PharmD, agreed that push dose Phenylephrine would be an excellent option to replace Dopamine for adult patients. She would lean more towards Epi for pediatric patients as they don't usually have cardiac issues. It is fine to have both the alpha and the beta for pediatrics.

The DDP discussed the need to draft a push dose pressor protocol for managing non-traumatic shock. Dr. Ruiz agreed to assist in ensuring the protocol is in line with the current pressor use. The DDP would like to leave Dopamine on the EMS Formulary in case of future shortage issues.

A motion was made by Dr. Slattery to clarify the indications/contraindications and appropriateness of the three different pressor agents (Epinephrine, Phenylephrine and Dopamine) in the EMS formulary or in a separate pressor protocol. The motion was seconded by Chief Moore and carried unanimously.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Brett Olbur stated St. Martin Hospital is not swabbing all patients prior to entering the facility. When an ambulance pulls up in the bay, a crew member needs to notify a staff member who will swab non-critical patients prior to entry.

Mr. Olbur gave an update on the LIFENET System. He stated they are seeing an increase in 12-lead data across the valley, especially from Henderson Fire Department. He noted that AMR is in the process of updating their modems.

B. QI Directors Committee Update

Dr. Young reported that the committee continued their discussion of COVID-19 operations. They also discussed the pediatric Midazolam dosing.

C. Emerging Trends – None

Dr. Young stated ACEP and NAEMT announced EMS Week 2021 will take place May 17-21. There will be a different theme for each day, i.e. education, safety, EMS for Children and CPR. He noted that the hospitals do a great job in recognizing EMS crews.

Mr. Hammond stated Troy Tuke and Susie Kochevar shared drowning prevention presentations by Dr. Justin Sempsrott. He forwarded the presentations to the EMS agencies/training centers and suggested they provide training to refresh EMS providers on the proper management of this subset of patients. Dr. Slattery stated the Southern Nevada Drowning Coalition meets on a monthly basis, and it would be a good idea to align with their efforts.

VI. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Second Public Comment portion of the meeting.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:37 a.m.