



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING

April 04, 2018 – 11:00 A.M.

MEMBERS PRESENT

Tressa Naik, MD, Chairperson, HFD	Jim Kindel, BCFD
Jason Driggers, AMR	Mike Barnum, MD, AMR
Daniel Rollins, MD, BCFD	Scott White, AMR/MWA
Troy Tuke, CCFD	Michael Holtz, MD, CCFD
Logan Sondrup, MD, Community Ambulance	Brian Anderson, Community Ambulance
Kim Moore, HFD	Brandon Hunter, MWA
Jeff Davidson, MD, MWA	Jarrod Johnson, DO, MFR
Frank Simone, NLVFD	K. Alexander Malone, MD, NLVFD

MEMBERS ABSENT

Dale Carrison, DO, CCFD	Brian Rogers, Community Ambulance
Jon Stevenson, LVFR	David Slattery, MD, LVFR
Matthew Horbal, MD, MCFD	Jorge Gonzalez, MCFD
Lisa Price, NLVFD	

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director	John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor	Gerald Julian, EMSTS Field Representative
Scott Wagner, EMSTS Field Representative	Michelle Loel Stanton, Recording Secretary

PUBLIC ATTENDANCE

David Emby, North Vista	Larry Johnson, Community Ambulance
Damon Schilling, AMR/MWA	Jim McAllister, LVMS
Steve Krebs, UMC	Rebecca Carmody, Community Ambulance
Shane Splinter, HFD	August Corrales, UMC
Sam Scheller, GEMS	Tony Greenway, VHS

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Red Rock Trails Conference Room at the Southern Nevada Health District on Wednesday, April 04, 2018. Chairperson Tressa Naik called the meeting to order at 11:05 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. Chairperson Naik noted that a quorum was present.

Prior to the start of the meeting Dr. Young welcomed Dr. Mike Holtz. Dr. Holtz is new to UMC and this Board. He trained in Southern Nevada, completed an EMS fellowship, and is an experienced flight physician.

Chief Sean Tobler was also introduced to the Board. Chief Tobler is the new Deputy Chief with Mesquite Fire & Rescue.

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. Chairperson Naik asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Seeing no one, Chairperson Naik closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairperson Naik stated the Consent Agenda consisted 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 07, 2018

Chairperson Naik asked for a motion to approve the February 07, 2018 minutes of the Medical Advisory Board. A motion was made by member Moore, seconded by member Tuke and no members were opposed. The motion carried.

B. Draft STEMI Destination Protocol to be Referred to Drug/Device/Protocol Committee

Member Tuke reported that the ED/EMS Committee has drafted a STEMI destination protocol that has been approved by both prehospital agencies and hospitals. The ED/EMS Committee would like to refer the draft to the Drug/Device/Protocol Committee for finalization into a destination protocol.

Chairperson Naik asked for a motion to refer the draft STEMI destination protocol to the Drug/Device/Protocol Committee. A motion was made by member Andrus, seconded by member Driggars and no members were opposed. The motion carried.

C. Addition to Hemorrhage Control Tourniquet Protocol of Ability to Pack Open or Penetrating Wounds with Rolled Gauze to be Referred to Drug/Device/Protocol Committee

Member Anderson stated that staff of Community Ambulance are currently instructing the general public to pack wounds in accordance to the "Stop the Bleed" campaign which is sponsored by the Department of Homeland Security. Therefore, he is requesting the Hemorrhage Control Tourniquet Protocol reflect this addition.

Chairperson Naik asked for a motion to refer the ability to pack open or penetrating wounds with rolled gauze to the Hemorrhage Control Tourniquet Protocol to the Drug/Device/Protocol Committee. A motion was made by member Davidson, seconded by member Sondrup and no members were opposed. The motion carried.

III. CHIEF HEALTH OFFICE REPORT

No report was given

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss the Possible use of OD Maps in the Tracking of Overdose Patients

This item tabled until the next scheduled meeting

B. Review/Discuss Alternate Destinations for Transfer of Mental Health Patients

This item tabled until the next scheduled meeting

C. Review/Discuss The use of EMTs as EMS Instructors

Member Splinter reported that during a recent EMS instructor class there was interest shown for EMTs to become instructors. He stated this would give long term EMTs additional avenues to pursue since they are not required to advance to any higher level of licensure. EMT instructors would only be authorized to teach other EMTs and not anyone above that level of licensure.

Mr. Hammond notified the committee that the current regulations exclude EMTs from becoming EMS instructors. If it is decided to go forward with this suggestion it can be done, but will take time and cannot be addressed until the next regulations review.

Chairperson Naik asked for a motion to updated regulations to include EMTs as EMS instructors. A motion was made by member Tuke, seconded by member Simone and no members were opposed. The motion carried.

D. Committee Report: Drug/Device/Protocol Committee

Member Barnum informed the Board that the Drug/Device/Protocol Committee approved the use of intranasal Narcan by EMTs and requested it be brought before this Board for approval. He added that the only change will be in the dosing from 2mg to 4mg as this is how the Narcan is packaged.

Chairperson Naik asked for a motion to approve the use of intranasal Narcan by EMTs. A motion was made by member Barnum, seconded by member Malone and no members were opposed. The motion carried.

Member Barnum noted that there was a discussion to add TXA to the formulary. The Committee concluded that they would query RTAB for additional input before making any final decisions.

E. OEMSTS 1st Quarter 2018 Reports

1. Transfer of Care

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	48,375	15,158	33,217	68.7

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	48,375	32,083	16,292	33.7

Transfer of care Time Outlier Report by Facility, Clark County, NV

	Total TOC	TOC	< 0 min	0-1 mins	1-2 mins	2-3 mins	3-4 mins	4-5 mins	≥ 5 hrs
Total	53,323	4,948	0	647	828	1,106	1,138	1,229	0

2. Internal Disaster 1st Quarter Report

	January	February	March
2017	25.15	20.13	11.62
2018	25.54	9.8	5.1

3. Mental Health Holds 1st Quarter Report

	Total L2Ks	Inpatient	Emergency Dept.	Awaiting SNAMHS
January	244	96	147	138
February	241	102	153	140
March	251	107	143	153

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Member Tuke said that the level of engagement from both hospital and prehospital providers is outstanding. A great deal of progress has been made on STEMI care and he is looking forward to the completion of a STEMI protocol.

B. Committee Report: QI Directors

Dr. Young reported to the Board that there was not a case presented this month. He stated that there was a discussion regarding termination or resuscitation and prehospital death determination. There was a concern that currently there is no distinction between terminating a cardiac arrest from medical causes versus traumatic causes. He reported that other systems and municipalities have separate protocols for each situation.

Member Barnum suggested that data be gathered by some of the systems that are currently using two separate protocols and then it can be evaluated in the future. He said he believes it will be a useful tool as our system grows and changes over time.

VI. 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 included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairperson Naik asked if anyone wished to address the Board.

Seeing no one, Chairperson Naik closed the Public Comment portion of the meeting.

VII. ADJOURNMENT

There being no further business to come before the Board, Chairperson Naik called for a motion to adjourn. *A motion was made by member Driggars, seconded by member Tuke, and carried unanimously to adjourn at 11:42a.m.*