



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

**June 06, 2018 – 11:00 A.M.**

**MEMBERS PRESENT**

Tressa Naik, MD, Chairperson, HFD (via telephone)	Jim Kindel, BCFD
John Fildes, MD, RTAB Chair	Mike Barnum, MD, AMR
Larry Johnson, Community Ambulance	Scott White, AMR/MWA
Troy Tuke, CCFD	Lisa Price, NLVFD
Logan Sondrup, MD, Community Ambulance	Matthew Horbal, MD, MCFD
Kim Moore, HFD	Steve Johnson, MWA
Jeff Davidson, MD, MWA	Jarrod Johnson, DO, MFR
Frank Simone, NLVFD	K. Alexander Malone, MD, NLVFD
David Slattery, MD, LVFR	Shawn Tobler, MFR

**MEMBERS ABSENT**

Daniel Rollins, MD, BCFD	Dale Carrison, D.O., CCFD
Brian Rogers, Community Ambulance	Jon Stevenson, LVFR
Brandon Hunter, MWA	Jorge Gonzalez, MCFD

**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	Heather Anderson-Fintak, Associate Attorney
Elva Castaneda, Legal Intern	Michelle Loel Stanton, Recording Secretary

**PUBLIC ATTENDANCE**

Karen Dalmaso Hughey, AMR	Shane Splinter, HFD
Michael Holtz, MD	Todd, Mt View Hospital
Stacy Johnson, Mt View Hospital	Chris Stachyra, Mercy Air
August Corrales, UMC	Jim McAllister, LVMS
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, June 06, 2018. Dr. Christian Young called the meeting to order at 11:11 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. Dr. Young 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. Dr. Young asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Seeing no one, Dr. Young closed the Public Comment portion of the meeting.

### **II. CONSENT AGENDA**

Dr. Young 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: April 04, 2018**

Dr. Young asked for a motion to approve the April 04, 2018 minutes of the Medical Advisory Board. A motion was made by member Tuke, seconded by member Simone and no members were opposed. The motion carried.

#### **B. Discussion of Possible Protocol Development for the Use of IOs in Conscious but Critically Ill Patients to be Referred to Drug/Device/Protocol Committee**

Dr. Young asked for a motion to refer the possible development of a protocol for the use of IOs in conscious but critically ill patients to DDP.

A motion was made by member Tuke, seconded by member Slattery 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 Facility Destination Criteria Management**

Dr. Slattery expressed concern that there does not seem to be reevaluation of a facility's commitment to destination criteria after the initial designation has been granted. He suggested evaluation on a biennial basis.

Chief Tuke suggested using the ED/EMS Committee to manage the destination criteria. However, Mr. Hammond pointed out that these are not publicly noticed meetings and policy cannot be suggested or made during those meetings.

Mr. Hammond explained that some of the destination criteria is put forth at the time of designation and are permanent requirements e.g. JAHCO accreditation is required to be a stroke destination and ACS verification must be maintained to be a trauma destination. He also stated that in using an outside accrediting body national standards are met and this Board can monitor the criteria from there.

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

Dr. Slattery announced to the Board that the City of Las Vegas, Las Vegas Fire & Rescue in partnership with AMR and Southern Nevada CHIPS successfully launched a crisis response team on April 30<sup>th</sup>. He thanked the Southern Nevada Health District, Dr. Iser, and John Hammond for their support of this project. The purpose

of the crisis response team is to allow medics to conduct a field medical screening on psychiatric patients to transport them to the most appropriate location for treatment.

C. Committee Report: Drug/Device/Protocol Committee

Dr. Barnum reported that DDP had discussed the use of TXA which included input from Dr. Fildes from the RTAB. It was decided that the Health District will gather information regarding patients who may have been appropriate to receive TXA and determine if there is a need to submit a proposal to RTAB for possible use of this medication.

Dr. Barnum also stated that the committee has discussed possibly switching to the Quick Trach Cricothyrotomy Device. The DDP Committee would like to request that this Board reinstate the Airway Management Task Force for evaluation of the device and attached airway protocol.

Dr. Barnum said the DDP Committee had discussed the inclusion of activated charcoal in the protocols and would ask this Board to remove its use from the formulary protocol.

Dr. Young asked for a motion to reinstate the Airway Management Task Force. *A motion was made by member Barnum, seconded by member Tuke and no members were opposed. The motion carried.*

Dr. Young asked for a motion to remove the use of activated charcoal from the formulary protocol. *A motion was made by member Barnum, seconded by member Slattery and no members were opposed. The motion carried.*

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Hospital Response to Call Down for Bed Status

Chief Tuke summarized a situation that occurred during the possible shooter reported at the Boulevard Mall. To know where to transport patients a bed count is required to be reported by all hospitals. That night it took approximately 1hour and 20minutes to receive the information which is untenable. This was discussed during the ED/EMS meeting and it seems that a large part of the problem is staff turnover and training. It was suggested that all hospital calls use the telemetry channel. It was also suggested that a text be sent from the FAO to the hospital area command as a solution to this issue.

B. ED/EMS Regional Leadership Committee Update

Chief Tuke reported that the monthly call drills to the hospitals are not working. There has been only a 40-50% response rate from the hospitals.

Dr. Young requested an actual recording from the fire alarm office so that this Board can hear what this call sounds like beginning to end along with what is occurring. Dr. Sondrup suggested calling out the name of each hospital necessitating a response from each facility.

Chief Tuke and Dr. Slattery spoke about a program that is being piloted through UMC to help combat opioid addiction. A team reports to the hospital with Narcan kits and other resources in the hopes of early intervention and long-term recovery in overdose patients.

C. Committee Report: QI Directors

Dr. Young thanked GEMS and Mr. Corrales from UMC for the case that was presented at this morning's meeting. The protocols for prehospital death determination and termination of resuscitation are still being discussed and evaluated to decide if there is a need for separate traumatic and medical protocols.

John Hammond reported that the EMS office is transitioning to a new licensure management software suite from Image Trend. In analyzing data, he noted anomalies in some staffing rosters and forwarded that information to the agency operational staff. He requested that information be corrected and sent back to him as soon as possible before the data is migrated from one system to the next.

Mr. Hammond stated that UMC had been reported as being on a trauma bypass when in fact they were not. Only the EMS system and/or contact from trauma program managers should be considered as official notification during these events.

Mr. Hammond reported that he has been looking into the possibility of EMS triage at hospitals during a large-scale event such as the events of 1 October. He has met with UHS, is meeting with Dignity this afternoon, and will meet with HCA soon. He also stated that his conversation with the Attorney General's Office was fruitful but there are still some legal issues to be addressed.

Lastly Mr. Hammond introduced Chad Kingsley, Regional Trauma Coordinator to the Board. Mr. Kingsley will be attending many of the trauma related meetings and addressing out of area issues.

## **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. Dr. Young asked if anyone wished to address the Board.

Seeing no one, Dr. Young closed the Public Comment portion of the meeting.

## **VII. ADJOURNMENT**

There being no further business to come before the Board, Dr. Young called for a motion to adjourn. *A motion was made by member Tuke, seconded by member Sondrup, and carried unanimously to adjourn at 11:48a.m.*