



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

February 07, 2018 – 11:00 A.M.

MEMBERS PRESENT

Tressa Naik, MD, Chairperson, HFD	Jim Kindel, BCFD
Steve Johnson, MWA	Chief Kim Moore, HFD
David Slattery, MD, LVFR	Frank Simone, NLVFD
Matthew Horbal, MD, Mt Charleston FD	K Alexander Malone, MD, Vice Chair NLVFD
Chief Troy Tuke, CCFD	Chief Lisa Price, NLVFD
Chief Rick Resnick, Mesquite Fire & Rescue	Mike Barnum, MD, AMR
Jason Driggers, MWA	Logan Sondrup, MD, Community Ambulance
Brian Anderson, Community Ambulance	John Fildes, MD, RTAB Representative
Jayson Andrus, Mesquite Fire & Rescue	Jarrod Johnson, DO, Mesquite Fire & Rescue
Dale Carrison, DO, CCFD	Chief Jon Stevenson, II, LVFR
Greg Schowen, AMR	Jeff Davidson, MD, MWA

MEMBERS ABSENT

Brandon Hunter, MWA	Brian Rogers, Community Ambulance
Daniel Rollins, MD, BCFD	Jorge Gonzalez, Mt Charleston FD

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

Shane Splinter, HFD	Larry Johnson, Community Ambulance
Jim McAllister, LVMS	Carl Bottorf, Life Guard International
August Corrales, JTM	Daniel Llamas, HCA
Dorita Sondereker, Sunrise Hospital	Alicia Farrow, Mercy Air Services
Rebecca Carmody, Community Ambulance	Jordan Guirey, AMR
Steve Krebs, UMC	Alyssa Ball, LVFR
Sam Scheller, GEMS	

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, February 07, 2018. Chairperson Tressa Naik called the meeting to order at 11:10 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 Chairperson Naik asked for a moment of silence to reflect on the recent events of 1 October and to honor those who lost their lives. She also thanked everyone present for the efforts that were put forth during this event.

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: November 01, 2017

Chairperson Naik asked for a motion to approve the November 01, 2017 minutes of the Medical Advisory Board. A motion was made by member Malone, seconded by member Tuke and no members were opposed. The motion carried.

III. CHIEF HEALTH OFFICE REPORT

No report was given

IV. REPORT/DISCUSSION/POSSIBLE ACTION

Mr. Hammond stated that according to media reports St. Rose DeLima will be closing most of their clinical services and transitioning to a micro hospital facility. According to St. Rose DeLima staff this is expected to happen within the next 12-18months.

A. Review/Discuss Paramedic Triage at Hospitals for Disaster Management

Dr. Carrison discussed the effectiveness of paramedic triage in the parking lots of some local hospitals during the 1 October mass casualty event. If the self-triage patients can be assessed by a Paramedic in the parking lot and then be referred to the proper department for appropriate treatment it would alleviate some of the congestion in the emergency room. Dr. Carrison believes this is something that would enable the system to be better prepared for the next mass casualty event.

Dr. Slattery agreed with Dr. Carrison and suggested it go beyond just the assistance of paramedics but that it take on an incident command structure. In doing so patients can be transported to the appropriate hospitals more quickly.

Dr. Davidson's concern would be sending patients to hospitals where resources are not available and likewise having resources and services located at hospitals where patients are not arriving. He stated that having better coordination and communication between facilities could help as well.

Mr. Hammond informed the committee that from the standpoint of the regulatory office legislatively this idea is not supported. NRS 450B clearly defines scope of practice both at the scene of emergency and while transporting patients. Hospitals are required to have an Incident Command System in place which would allow them to triage their own patients including in the event of a mass-casualty incident. He reminded the

group that the role and scope of EMS is to provide for those patients who are on the scene of an emergency and not just the mass-casualty. Mr. Hammond acknowledged everyone's willingness to assist in any way possible during a disaster; however, it is the responsibility of the hospitals to manage themselves.

After an extensive discussion it was decided that legal counsel should be consulted and further discussion can take place outside of these committee meetings for possible referral back to this committee later.

B. Review/Discuss The use of Tranexamic Acid (TXA) for Treatment of Trauma Patients

Dr. Young reported that Tranexamic Acid (TXA) is readily available, inexpensive, and can help slow ongoing hemorrhage in patients with significant trauma and internal injuries. There are currently ongoing studies to evaluate TXA's role in the prehospital setting with the most recent data regarding its use in post-partum hemorrhaging females. Currently TXA is not included on Southern Nevada EMS formularies but, on occasion, patients who are received from outside our borders have received this medication.

Dr. Fildes informed the committee that TXA is used internationally on civilian and military fronts. TXA has an approximate three-hour window of administration with studies currently trying to determine if efficacy improves with earlier administration. Dr. Fildes supports the use of TXA and states it is used regularly on patients who are receiving transfusions. However, he did state that TXA is reconstituted from a vial into a saline bag and needs to be administered over 10 minutes. This would be a significant task to perform considering most transport times are between five and 15 minutes.

Dr. Davidson suggested TXA might be used in the cases of urban and rural transports where transport times take over 10 minutes.

Dr. Malone and Dr. Young volunteered to create a draft protocol that can be referred to the Drug/Device/Protocol Committee for further evaluation. Dr. Fildes also offered his assistance if needed.

Chairperson Naik asked for a motion to refer the use of Tranexamic Acid to the Drug/Device/Protocol Committee for further evaluation. *A motion was made by Jeff Davidson, seconded by Troy Tuke and no members were opposed. The motion carried.*

C. Review/Discuss Draft Epistaxis Protocol

Ms. Palmer informed the committee that the Drug/Device/Protocol Committee approved a draft epistaxis protocol and it is now being presented to this committee for review.

Chairperson Naik asked for a motion to approve the draft epistaxis protocol and to include it in the new protocol manual that is currently under review. *A motion was made by David Slattery, seconded by Jason Driggars and no members were opposed. The motion carried.*

D. Review/Discuss the use of Narcan by EMTs for Referral to DDP

Ms. Palmer announced to the committee that the Office of Emergency Medical Services & Trauma System (EMSTS) recently received a federal grant for first responder training in the use of Narcan for opiate overdose. Nationally Narcan is administered at the EMT level and EMSTS would request it be introduced to this system at the same level.

Mr. Hammond asserted that part of the grant is to provide training, which has been developed, provide referrals for treatment, and to supply the Narcan itself. The Narcan will be distributed as part of a kit that will be clearly labeled and will include paperwork to be completed by the EMT. Mr. Hammond would also like referrals to treatment facilities to be distributed by both Paramedics and AEMTs as well.

Chairperson Naik asked for a vote to move this item to DDP – All were in favor, none were opposed.

E. Committee Report: Drug/Device/Protocol Committee

12/06/17 Meeting:

1. Review/Discuss the Obstetrical Emergency Protocol

02/07/18 Meeting:

1. Review/Discuss Draft Epistaxis Protocol

Dr. Barnum stated that these items have already been discussed. The DDP Committee is continuing with the protocol review and are now working on the operations section. The updated protocol should be referred to this committee soon for approval.

F. Committee Report: Education Committee

11/01/17 Meeting:

1. Review/Discuss the SNHD Paramedic Mentorship/Internship Program

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

Dr. Slattery reminded the committee that this destination protocol has been approved but has been an ongoing project for about 1.5 years. An educational film has been created with the help of the Education Committee and CSN. The protocol has not been put into effect because of the lack of mental health facilities in our community with the capacity and ability to care for patients who are coming directly from the field. Dr. Slattery notified the committee that LVFR, AMR, and the City of Las Vegas have applied for a grant which will fund a crisis response team (CRT) as a pilot project. This team will consist of an ALS unit, a master’s level mental health professional and it will respond directly to 25alpha and 25bravo calls. If it is found that the patient has any of the medical criteria as listed in the psychiatric protocol, they will be transported to the emergency department. Otherwise these patients will go directly to a mental health facility.

3. Review/Discuss Revisions to the EMS Procedure Manual

Mr. Simone reported that items discussed by the Education Committee were housekeeping in nature. Regarding the preceptor program, reciprocity applicants will be evaluated during phase III.

G. OEMSTS 4th Quarter 2017 Reports

1. Transfer of Care

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	51,720	16,500	35,220	68.1

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	51,720	35,911	15,809	30.6%

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	56,163	4,443	18	699	645	996	1038	1043	4

2. Internal Disaster 4th Quarter Report

	October	November	December
2016	14.99	6.49	13.95
2017	1.47	2.65	14.51

3. Mental Health Holds 4th Quarter Report

	Total L2Ks	Inpatient	Emergency Dept.	Awaiting SNAMHS
October	208	104	104	100
November	225	102	123	88
December	221	95	126	107

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update (12/06/17, 02/07/18)

Member Tuke stated today’s meeting was well attended and productive. The members have come up with a STEMI destination protocol and a one item form to be used to report feedback to the prehospital providers.

B. Committee Report: QI Directors (02/07/18)

Dr. Young stated the QI Directors meeting was productive. The committee is delving into post events of 1 October looking for opportunities for improvement. The committee is also discussing CPR and outpatient cardiac arrest care. Some agencies are currently practicing a CPR “pit crew” methodology but it is not codified in the current protocols. Some other agencies and municipalities put into their protocols specific directives not to transport out of hospital witnessed cardiac arrests for at least 20 – 30 minutes of on scene care.

C. Development and Utilization of ASAP Team

Mr. Carl Bottorf, Chief Nurse and Program Director for Life Guard Flying ICU stepped forward to address the committee. Lifeguard Flying ICU is now an American Medical Response (AMR) company but is still based here in Southern Nevada. The company has instituted a fire department approach to handling calls. Flight nurses, flight paramedics, pilots, and EMTs from AMR are standing at the ready in a facility that is very much like a fire station. AMR has donated an ambulance which has been branded along with a collaborative crew to provide bedside to bedside transport of critical patients. When the ambulance and crew are not being used they may run emergency calls within the community.

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.

Dr. Carrison publicly thanked all the transport agencies that allowed the students from UNLV School of Medicine to ride along with their crews. He noted that for the most part the students enjoyed the experience. He commented that this was the brightest group of students that he has had the pleasure to interact with in a long time and that they should serve this community well.

Dr. Davidson addressed the committee regarding the AHA’s categorization of four types of stroke centers; stroke ready, primary stroke center, comprehensive stroke center and thrombectomy capable stroke center and he advised to keep moving forward on the large vessel occlusion destination criteria.

Dr. Slattery announced to the group that a human trafficking seminar is being held March 5-12 at the World Market Center. This is an opportunity for the EMS and medical community to increase awareness on this topic.

Dr. Carrison reminded everyone of the NASCAR event being held the first weekend in March at the Las Vegas Motor Speedway. Also, EDC has been moved to May this year to allow for camping. Planning is well underway for both events, and this is just to serve as a reminder to the community.

Chairperson Naik asked if there is anyone else who 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 12:07p.m.*